

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000005001</b>			
1. Entity Name <b>CENTRAL FLORIDA RACING CLUB, INC.</b>			
Principal Place of Business <b>432 EUNICE ROAD LAKELAND, FL 33803</b>		Mailing Address <b>432 EUNICE ROAD LAKELAND, FL 33803</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		02152006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number <b>59-3467944</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ENGLE, GENE 432 EUNICE ROAD LAKELAND, FL 33803</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000475341 04/05/06-80011-019 61.25</b>
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	D		
NAME	ENGLE, GENE		
STREET ADDRESS	432 EUNICE ROAD		
CITY - ST - ZIP	LAKELAND, FL 33803		
TITLE	D		
NAME	ENGLE, PAT		
STREET ADDRESS	432 EUNICE ROAD		
CITY - ST - ZIP	LAKELAND, FL 33803		
TITLE	D		
NAME	BILLITER, KATIE		
STREET ADDRESS	297 LAKE ERIE DRIVE		
CITY - ST - ZIP	MULBERRY, FL 33860		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> 		<b>Gene Engle</b>	<b>3/15/06 863-688-3009</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>