## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # 327083**

1. Enlity Name HOLLYWOOD DOG TRACK, INC.



FILED
Jan 23, 2004 08:00 AM
Secretary of State

Principal Place of Business

831 N. FEDERAL HIGHWAY HALLANDALE, FL 33009 Mailing Address

831 N. FEDERAL HIGHWAY HALLANDALE, FL 33009



01162004

No Chg-P

CR2E034 (10/03)

4. FEI Number 38-1435702 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADKINS, DANIEL K. 831 N.FEDERAL HWY. HALLANDALE, FL 33009

## DO NOT WRITE IN THIS SPACE

| HALLANDALE, FL 33009  |  |   | IN THIS SPACE                    |   |  |
|---|--|---|----------------------------------|---|--|
|   | named entity submits this statement for the pions of registered agent. | ourpose of changing its registered office               | or registered agent, or bot      | th, in the State of Florida. I am familiar with, and accept |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered |  |   | ature required when reinstating) | DATE  |  |
|   | E NOWIII FEE IS \$150.00<br>ay 1, 2004 Fee will be \$550.00            | 9. Election Campaign Financing Trust Fund Contribution, | \$5.00 May Be<br>Added to Fees   |   |  |
| 10.   | OFFICERS AND DIRECTORS   |   |                                  |   |  |
| RITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>HARTMAN, BERNARD L.<br>831 N FEDERAL HWY<br>HALLANDALE, FL       |   |                                  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>TYNER, HERBERT<br>831 N FEDERAL HWY<br>HALLANDALE, FL            |   |                                  | 00000011139<br>91/23/04-80026-003 150.00                    |  |
| TRILE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | M<br>ADKINS, DANIEL K<br>831 N FEDERAL HWY<br>HALLANDALE, FL 33009     |   | DO                               | NOT WRITE   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   | IN "                             | THIS SPACE  |  |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP  |  |   |                                  |   |  |
| TITLE<br>NAME   |  |   |                                  |   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, if urther 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addition, with all furtier fixed empowered.

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 19, 2004

954 924-3200

Date

Daytma Phone #