

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90076 026 ***150.00

DOCUMENT # 511153

1. Entity Name
TRACKMASTER, INC.



Principal Place of Business
**4701 NE 12TH AVE
OAKLAND PARK, FL 33334**

Mailing Address
**4701 NE 12TH AVE
OAKLAND PARK, FL 33334**

50015276



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-1688480

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARSONS, ROY D.
4701 NE 12TH AVENUE
OAKLAND PARK, FL 33334**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PARSONS, ROY D.
STREET ADDRESS 4701 NE 12TH AVENUE
CITY-ST-ZIP OAKLAND PARK, FL 33334

TITLE ST/D ☐ Delete
NAME PARSONS, LUPE C.
STREET ADDRESS 4701 NE 12TH AVENUE
CITY-ST-ZIP OAKLAND PARK, FL 33334

TITLE V/D ☐ Delete
NAME Parsons, Bruce
STREET ADDRESS 4701 NE 12th Avenue
CITY-ST-ZIP Oakland Park, FL 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS please note zip code
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS please mark as director
CITY-ST-ZIP please note zip code

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS see addition to left
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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. 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 607, 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:

Bruce Parsons

SIGNATURE:

Vice President

2/9/05

954-726-6663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #