

2008 ANNUAL REPORT

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

FILED
Feb 11, 2008 08:00 AM
Secretary of State



02072008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-1688480

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PARSONS, ROY D. 4701 NE 12TH AVENUE OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST/D PARSONS, LUPE C. 4701 NE 12TH AVENUE OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D PARSONS, BRUCE 4701 NE 12TH AVENUE OAKLAND PARK, FL 33334
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02/19/08-80067-016 150.00

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IN THIS SPACE**

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 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.

SIGNATURE:

Lupe Parsons - *Lupe PARSONS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/08 (954-776-660)

Date Daytime Phone #