

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 751272

1. Entity Name
SUNCOAST RACE WEEK, INC.



Principal Place of Business

**19806 READING RD
LUTZ, FL 33549 US**

Mailing Address

**19806 READING RD
LUTZ, FL 33549 US**

DO NOT WRITE IN THIS SPACE

01092004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2874168

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAWSON, MICHAEL W
19806 READING RD
LUTZ, FL 33549**

**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 reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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
**DPT
DAWSON, MICHAEL W
19806 READING RD
LUTZ, FL 33549**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
PENNINGTON, GEORGE
13420 LAS PALMAS DR.
LARGO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
PENNINGTON, BETH
13420 LAS PALMAS DR
LARGO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOORE, HENRY
1003 S STERLING AVE
TAMPA, FL**

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 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 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.

SIGNATURE: Michael W. Dawson / MICHAEL W. DAWSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-09-04 - 813-949-484