


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 751272</b>		
1. Entity Name <b>SUNCOAST RACE WEEK, INC.</b>		
Principal Place of Business <b>19806 READING RD LUTZ, FL 33549 US</b>	Mailing Address <b>19806 READING RD LUTZ, FL 33549 US</b>	



03152005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2874168</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**

**DO NOT WRITE  
IN THIS SPACE**

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

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 \_\_\_\_\_

Filing Fee is \$61.25  
Due by May 1, 2005

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	

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03/18/05-80030-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL W. DAWSON**

**3-15-05**

Date

**813-949-4840**

Daytime Phone #