


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000005734 1. Entity Name ATLANTIC TRACK & TURNOUT CO.	
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Principal Place of Business 270 BROAD STREET BLOOMFIELD, NJ 07003	Mailing Address 270 BROAD STREET BLOOMFIELD, NJ 07003
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08022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-1764943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OLORTEGUI, DAN 7665 DAVIE ROAD EXT SUITE 205 DAVIE, FL 33024

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000957418 08/08/08-80008-004 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUGHES, PETER 270 BROAD STREET BLOOMFIELD, NJ 07003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KILLEEN, CHARLIE 270 BROAD STREET BLOOMFIELD, NJ 07003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KALLENSEE, DOREEN 270 BROAD STREET BLOOMFIELD, NJ 07003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Doreen Kallensee 8/4/08 973-748-5885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #