

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90011 026 \*\*\*150.00

**DOCUMENT # H22669**

1. Entity Name  
**CUTNAIL RACING, INC.**



Principal Place of Business  
**300 SE 2ND ST  
FORT LAUDERDALE, FL 33301**

Mailing Address  
**300 SE 2ND ST  
FORT LAUDERDALE, FL 33301**

**40029501**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-2469500**

Applied For  
Not Applicable

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

**JONES, PATRICIA  
300 SE 2ND ST  
FORT LAUDERDALE, FL 33301**

Name  
**Robert Esposito**

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

**300 SE 2nd Street**

City  
**Fort Lauderdale FL 33301**

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  
**P  
STILES, TERRY W.  
300 SE 2ND ST  
FORT LAUDERDALE, FL 33301** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
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CITY - ST - ZIP  
☐ Change ☐ Addition

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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: Terry W. Stiles January 31, 2008 954-627-9300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #