

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H60465**

1. Entity Name  
VINTAGE MOTORSPORT, INC.



Principal Place of Business

5151 S LAKELAND DR  
SUITE 15  
LAKELAND, FL 33813 US

Mailing Address

5151 S LAKELAND DR  
SUITE 15 / P.O. BOX 7200  
LAKELAND, FL 33813 US



03082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2540213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

C. GEOFFREY VINING, P.A.  
129 S. KENTUCKY AVE., SUITE 702  
LAKELAND, FL 33801

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

100000536322  
05/08/06-80088-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HEACOCK, FORD III
STREET ADDRESS	5151 S LAKELAND DR, SUITE 15
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	D
NAME	CRITCHELL, ROBERT S.
STREET ADDRESS	60 ARCH STREET
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	AS
NAME	BOYETTE, TERRI M.
STREET ADDRESS	5151 S LAKELAND DR, SUITE 15
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	DC
NAME	SILVERMAN, SYD
STREET ADDRESS	60 ARCH STREET
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	ST
NAME	SILVERMAN, SYD
STREET ADDRESS	60 ARCH ST.
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/06 863-607-9701