


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # H60465 1. Entity Name VINTAGE MOTORSPORT, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2540213	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

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

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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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 04/25/07-80072-013 150.00
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10. OFFICERS AND DIRECTORS

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

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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: TERRI M. BOYETTE 1/18/07 863-607-9701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #