

FILED
Apr 22, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J50725 1. Entity Name STAVROS RACING, INC.		
Principal Place of Business 1361 SNELL HARBOR DRIVE SAINT PETERSBURG, FL 33704 US		Mailing Address 1361 SNELL HARBOR DRIVE SAINT PETERSBURG, FL 33704 US
DO NOT WRITE IN THIS SPACE		
		 04202005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2777250 Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$5.75 Additional Fee Required
6. Name and Address of Current Registered Agent STAVROS, MARK D. 1361 SNELL HARBOR DRIVE NE SAINT PETERSBURG, FL 33704		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 _____ DATE _____ Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW! FEE IS \$150.00 After May 1, 2005 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	PSD STAVROS, MARK D. 1361 SNELL HARBOR DRIVE NE SAINT PETERSBURG, FL 33704	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Mark D. Stavros</u> Mark D. Stavros 4-20-05 727-821-9498 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		