

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K76908

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** STARTING GATE TRAINING CENTER, INC.

**Current Principal Place of Business:**

STARTING GATE TRAINING CENTER, INC.  
OCALA, FL 34482 US

**New Principal Place of Business:**

**Current Mailing Address:**

5436 N.W. 100 STREET  
OCALA, FL 34482 US

**New Mailing Address:**

**FEI Number:** 59-2994229

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, TRUDY ANN  
5436 NW 100TH ST  
OCALA, FL 34482 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: ROBINSON, TRUDY ANN  
Address: 5436 NW 100TH ST.  
City-St-Zip: OCALA, FL 34482

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TRUDY ANN ROBINSON

P/D

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date