


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90124 034 ***150.00

DOCUMENT # K93298 1. Entity Name SOUTHEASTERN MINIATURE PYLON RACING ASSOC., CORP.					
Principal Place of Business 2115 MANOR DR NE PALM BAY, FL 32905 US			Mailing Address 3863 PEACOCK DR PALM BAY, FL 32904 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 2115 MANOR DRIVE NE Suite, Apt. #, etc.			
City & State City: PALM BAY State: FL		4. FEI Number NOT APPLICABLE			
Zip 32905		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOGUT, THOMAS A 3863 PEACOCK DR MELBOURNE, FL 32904			7. Name and Address of New Registered Agent Name: Stephen Vaclav Street Address (P.O. Box Number is Not Acceptable): 9266 Northlake Parkway Apt 108 City: Orlando State: FL Zip Code: 32827		
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: <u><i>Stephen Vaclav</i></u> STEPHEN VACLAV DATE: 4/18/08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOBYNS, THOMAS JR. 2115 MANOR DRIVE NE PALM BAY, FL 32905	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGUT, THOMAS 3863 PEACOCK DR MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, VERN 789 BRENTWOOD PT NAPLES, FL 34110	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Thomas E Dobyns Jr</i></u> THOMAS E DOBYNS JR DATE: 4/18/08 DAYTIME PHONE #: 321-266-3538 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					