# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 24, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N02000000045

1. Entity Name
CARMICHAEL RACING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1561 MACKEREL AVENUE<br>SARASOTA, FL 34237-3107 | 1561 MACKEREL AVENUE<br>SARASOTA, FL 34237-3107 |

**DO NOT WRITE IN THIS SPACE**

01272006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3757655
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARMICHAEL, JOHN M
1561 MACKEREL AVENUE
SARASOTA, FL 34237-3107

**DO NOT WRITE IN THIS SPACE**

6. 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 John M Carmichael 3/22/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000375242
04/08/06-80039-008 70.00

| 10. | OFFICERS AND DIRECTORS |
|---|---|
| TITLE | P |
| NAME | CARMICHAEL, JOHN M |
| STREET ADDRESS | 1561 MACKEREL AVENUE |
| CITY-ST-ZIP | SARASOTA, FL 342373107 |
| TITLE | VP |
| NAME | CARMICHAEL, JUDITH N |
| STREET ADDRESS | 1561 MACKEREL AVENUE |
| CITY-ST-ZIP | SARASOTA, FL 342373107 |
| TITLE | ST |
| NAME | ATYEO, DEBORAH |
| STREET ADDRESS | 2043 N EUCLID AVE |
| CITY-ST-ZIP | SARASOTA, FL 34234 |
| TITLE | M |
| NAME | GEARY, DARYL |
| STREET ADDRESS | 4424 56TH AVE TERR E |
| CITY-ST-ZIP | BRADENTON, FL 34203 |
| TITLE | M |
| NAME | GEARY, TAMMI |
| STREET ADDRESS | 4424 56TH AVE TERR E |
| CITY-ST-ZIP | BRADENTON, FL 34203 |
| TITLE | D |
| NAME | BERCIUNAS, LISA |
| STREET ADDRESS | 1602-10TH AVE W |
| CITY-ST-ZIP | BRADENTON, FL 34205 |

**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 617, 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:** John M Carmichael 3/22/06 941-366-7494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #