NOT

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

2007 JUL -9 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02 000003703

1. Entity Name
Grand Prix Foundation of St. Petersburg

Principal Place of Business	Mailing Address
3637 4TH STREET NORTH SUITE 300 SAINT PETERSBURG, FL 33704 US	P.O. BOX 67153 ST. PETERSBURG, FL 33736-1336 US

[redacted]

DO NOT WRITE IN THIS SPACE

050120007 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1041541 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Begley, Thomas Chm & President
3637 4 ST N STE 300
ST. PETERSBURG, FL 33704-1336

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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 title if applicable. NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $400.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~Chm~~ Chm & President Begley, Thomas 3637 4TH STREET NORTH SUITE 300 ST. PETERSBURG, FL 337041336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Risser, Bud 3637 4th Street North Suite 300 St. Petersburg, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Heller, Bill 3637 4th Street North Suite 300 St. Petersburg, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Adams, Jim 3637 4th Street North Suite 300 St. Petersburg, Fl 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[redacted]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kevin Sullivan 3737 4th Street North Suite 300 St. Petersburg, FL 33704

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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: Thomas Begley Thomas Begley May 1, 2007 (727) 804-1594
(SIGNATURE AND TYPED OR PRINTED NAME OF RESPONSIBLE OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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