2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N02000007714

1. Entity Name DC OFF ROAD RC PARK, INC



FILED Feb 01, 2007 8:00 am Secretary of State

02-01-2007 90028 025 ****61.25

00 011 1	NOAD NO FAIN, INC.								
Principal Place of Business 730 CR 17A EAST AVON PARK, FL 33825 AVON PARK, FL 33825 Mailing Address 1015 E. CORNELL ST. AVON PARK, FL 33825				• • •					
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address				† (BB)	IIII Balif Barif Balif Bal	 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01292007 C	hg-NP C	R2E037 (12/06	i)
City & State		City & State				4. FEI Number 05-053682	 25		Applied For Not Applicable
Zip	Country	Zip	Cou	untry		5. Certificate of S	tatus Desired	\$8.75 / Fee Requ	Additional
	6. Name and Address of Current	t Registered Agent	1			7. Name and Add	tress of New Regis	•	ii Ou
CHVSE K	ATUV		Name			, , , , , , , , , , , , , , , , , , , ,			
CHASE, KATHY 1015 E. CORNELL ST. AVON PARK, FL 33825		Street		Street Add	dress (P	O. Box Number is	Not Acceptable)		
				City				FL Zip C	ode
	named entity submits this statement f	or the purpose of chan	ging its register	ed office or re	egistere	d agent, or both, in	the State of Florida	ı. Jam familiar wi	th, and accept
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SIGNATURE	Signature, typed or printed name of registered agen	n and title if applicable.	(NOTE: Registere	ed Agent signature	e required v	when reinstating)		DATE	
	3 - 1								
	Filing Fee is \$61.25 Due by May 1, 2007	1	on Campaign F Fund Contribut			\$5.00 May Be Added to Fees		check payable Department of	
10.	Due by May 1, 2007 OFFICERS AND D	Trust		tion.	, ل	\$5.00 May Be Added to Fees DDITIONS/CHANG	Florida	Department of	State
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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 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.

JUSTIN CHARL SUSTIN CHARLE OF BRONDING OFFICER OR DIRECTOR