2005 NOT-FOR-PROFIT [redacted]PORATION ANNUAL REP[redacted]

REJECTED
05-02-2005 90530 025 ****61.25
N04000002691
FILED
05 SEP -9 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50046042

DOCUMENT # N04000002691

1. Entity Name
TEAM MOJO RACING, INC.

Principal Place of Business	Mailing Address
96135 CREWS CREEK AVENUE YULEE, FL 32097	96135 CREWS CREEK AVENUE YULEE, FL 32097

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03052005 Chg-NP CR2E037 (10/03)

4. FEI Number ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POMAR, JOSEPH III 96135 CREWS CREEK AVENUE YULEE, FL 32097	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Joseph Pomar III 3-12-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Joseph Pomar III 96135 Crews Creek Avenue Yulee, Florida 32097	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Alvin Joseph Lee 85155 Tinya Road Yulee, Florida 32097	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Tracey Dopson 2299 Dirk King Road Yulee, Florida 32097	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Karen Lee 85155 Tinya Road Yulee, Florida 32097	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Kellie S. Williams 3010 STARRATT ROAD Jacksonville, Florida 32226	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rider Agent Rex J. Williams 3010 STARRATT ROAD Jacksonville, Florida 32226	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Education Agent Bruce Sons 1012 Highway A1A Callahan, Florida 32011	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joseph Pomar III 3-12-05 904-651-9404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #