2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N04000003145

Entity Name

FLORIDA AUTOMOBILE SAFETY TEAM, INC.



Principal Place of Business

C/O EAST BAY RACEWAY PARK

6311 BURTS ROAD TAMPA, FL 33619 Mailing Address

C/O EAST BAY RACEWAY PARK 6311 BURTS ROAD TAMPA, FL 33619

FILED Mar 28, 2008 8:00 am Secretary of State

03-28-2008 90038 039 ****61.25



03252008 No Chg-NP

CR2E037 (4/06)

4,	FEI Number		Applied For
	20-3460673		Not Applicable
5.	Certificate of Status Desired	\$8.75	Additional

6. Name and Address of Current Registered Agent

KNIGHT, JANET C C/O EAST BAY RACEWAY PARK 6311 BURTS ROAD TAMPA. FL 33619

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TAMPA, FL 33619		IN THIS STAGE		
the obligations of registered agent.	purpose of changing its registered	office or registered ager	nt, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and till	le if applicable. (NOTE: Registered A	gent signature required when reins	stating) DATE	
Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financi Trust Fund Contribution.	ng \$5.00 Ma		
10. OFFICERS AND DIR	ECTORS			
ITILE P NAME KNIGHT, JANET C STREET ADDRESS 12503, LENWOOD LANE CITY-ST-ZIP RIVERVIEW, FL 33569			,	
TITLE VP NAME CATES, CYNTHIA D STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33534				
TITLE S NAME LAND, BRENDA S STREET ADDRESS 3407 S. JAP TUCKER ROAD CITY-S1-ZIP PLANT CITY, FL 33566		DO NOT WRITE IN THIS SPACE		
TITLE NAME CLARK, STACY D STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS, FL 33540				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this	s filing does not qualify for the exer	options contained in Cha	pter 119, Florida Statutes. I further certify that the information	

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 cath; 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:

MANUSCHMOLT Janet CK

Knight President

813-477-7223

Daytime Phone #