

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90067 038 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N50048 1. Entity Name RACING FOR KIDS CLUB, INC.			
Principal Place of Business 2109 GARY ROAD AUBURNDAL, FL 33823 US		Mailing Address P O BOX 2141 AUBURNDAL, FL 33823 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent STORER, BOB 3513 FLORIDA RANCH BLVD. ZEPHYRHILLS, FL 33541		7. Name and Address of New Registered Agent Name: Trena McClain Street Address (P.O. Box Number is Not Acceptable) 2109 Gary Rd City: Auburndale FL Zip Code: 33823	
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: <i>Trena McClain</i> DATE: 1/30/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
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-STATE-ZIP	PD MCCLAIN, TRENA 2109 GARY RD. AUBURNDAL, FL 33823 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CD STORER, ROBERT 3513 FLORIDA RANCH RD. ZEPHYRHILLS, FL 33541 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD HARRIS, CINDY 832 LANGSTON AVE. HAINES CITY, FL 33844 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD HOBBS, KIM 2208 TANGELO ST. AUBURNDAL, FL 33823 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD CUZZONE, RAY 1440 BREENWOOD RD LAKELAND, FL 33805 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	FUND BROWN, BRENDA 1033 SUNRISE CT LAKELAND, FL 33801 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: <i>Carolyn Wawerak SD</i>		1-30-05	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR		Date Daytime Phone #	