

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052695

FILED
Feb 22, 2005
Secretary of State

Entity Name: FILLMORE MOTOR SPORTS, INC.

Current Principal Place of Business:

580 10TH AVE. NW
NAPLES, FL 34120

New Principal Place of Business:

Current Mailing Address:

580 10TH AVE. NW
NAPLES, FL 34120

New Mailing Address:

FEI Number: 59-3655556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILLMORE, JOHN
580 10 AVE NW
NAPLES, FL 34120 US

Name and Address of New Registered Agent:

FILLMORE, JOHN A
580 10 AVE NW
NAPLES, FL 34120 US

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.

SIGNATURE: JOHN A FILLMORE

02/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FILLMORE, JOHN
Address: 580 10TH AVE NW
City-St-Zip: NAPLES, FL 34120

Title: VP () Delete
Name: FILLMORE, TERESA
Address: 580 10TH AVE NW
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FILLMORE, JOHN A
Address: 580 10TH AVE NW
City-St-Zip: NAPLES, FL 34120

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A FILLMORE

P

02/22/2005

Electronic Signature of Signing Officer or Director

Date