2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# P00000066225

Entity Name: WEST FLORIDA MOTOCROSS, INCORPORATED

Current Principal Place of Business:

8824 RAY HELMS ROAD
MILTON, FL 32583

New Principal Place of Business:

7501 LAKESIDE DRIVE
MILTON, FL 32583

Current Mailing Address:

7428 SANRAMON DRIVE
MILTON, FL 32583

New Mailing Address:

7501 LAKESIDE DRIVE
MILTON, FL 32583

FEI Number: 59-3015813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOLARD, KATHY
7428 SAN RAMON DRIVE
MILTON, FL 32583 US

Name and Address of New Registered Agent:

WOOLARD, KATHY
7501 LAKESIDE DRIVE
MILTON, FL 32583 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: 05/02/2005
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WOOLARD, KATHY
Address: 7428 SAN RAMON DRIVE
City-St-Zip: MILTON, FL 32583

Title: D ( ) Delete
Name: WOOLARD, CRAIG
Address: 7428 SAN RAMON DRIVE
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WOOLARD, KATHY
Address: 7501 LAKESIDE DRIVE
City-St-Zip: MILTON, FL 32583

Title: D (X) Change ( ) Addition
Name: WOOLARD, CRAIG
Address: 7501 LAKESIDE DRIVE
City-St-Zip: MILTON, FL 32583

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: KATHY L. WOOLARD D 05/02/2005
Electronic Signature of Signing Officer or Director — Date