

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000066225

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: WEST FLORIDA MOTOCROSS, INCORPORATED

**Current Principal Place of Business:**

WALTON PLANTATION, LONG ROAD  
MOSSY HEAD, FL 32434 US

**New Principal Place of Business:**

5410 LONG ROAD  
MOSSY HEAD, FL 32434 US

**Current Mailing Address:**

7501 LAKESIDE DRIVE  
MILTON, FL 32583

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

WOOLARD, CRAIG  
7501 LAKESIDE DRIVE  
MILTON, FL 32583 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CRAIG WOOLARD

D

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date