## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 03, 2007 08:00 A Secretary of State DOCUMENT # P00000115686 OCALA GRAN PRIX, INC. Mailing Address Principal Place of Business 35 SW 57TH AVENUE 35 SW 57TH AVENUE OCALA, FL 34474 OCALA, FL 34474 01052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3703899 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE GUILFOIL, PAUL J 23 SE 12TH TERR OCALA, FL 34471 IN THIS SPACE 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. Tam familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. U00000758504 \$5.00 May Be 9. Election Campaign Financing 05/24/07-80005-008 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE ARRELLANO, JORGE NAME 35 SW 57TH AVENUE STREET ADDRESS OCALA, FL 34474 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 1ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report of required by Chapter 607, 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

SIGNATURE:

San Barras Marie Commence

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

**FILED**