

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90378 037 ***150.00

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1. Entity Name
CHOQUETTE MOTORSPORTS, INC.



Principal Place of Business

**1128 ROYAL PLAM BCH BLVD
282
ROYAL PALM BEACH, FL 33411**

Mailing Address

**1128 ROYAL PALM BEACH BLVD., #
282
ROYAL PALM BEACH, FL 33411**

DO NOT WRITE IN THIS SPACE

04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1138497

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHOQUETTE, JOHN
1128 ROYAL PALM BCH BLVD 282
ROYAL PALM BEACH, FL 33411**

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME CHOQUETTE, JOHN
STREET ADDRESS 1128 ROYAL PALM BEACH BLVD., #382
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 as 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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/08

Daytime Phone #