

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000006141

1. Entity Name
PANHANDLE MOTOR SPORTS, INC.



Principal Place of Business
**2665 SOLO DOS FAMILIAF
PENSACOLA, FL 32534**

Mailing Address
**PO BOX 3717
PENACOLA, FL 32516**

**FILED
Apr 24, 2008 08:00 AM
Secretary of State**



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0533412	Applied For <input type="checkbox"/>
Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LONG, DONALD
2665 SOLO DOS FAMILIAF
PENSACOLA, FL 32534**

**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**

**U000000918050
05/13/08-80066-020 150.00**

10. OFFICERS AND DIRECTORS

**TITLE D
NAME LONG, DONALD
STREET ADDRESS PO BOX 3717
CITY-ST-ZIP PENSACOLA, FL 32516**

**TITLE D
NAME LONG, JERRY F
STREET ADDRESS PO BOX 3717
CITY-ST-ZIP PENSACOLA, FL 32516**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

(850) 478-5250

Date

Daytime Phone #