2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000009084

City-St-Zip:

JACKSONVILLE, FL 32244

FILED Jan 12, 2005 Secretary of State

Entity Name: RIVERCITY RACEFANS INC.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1910 WEL E 13	LS ROAD				
	PARK, FL 320	073			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1910 WELLS ROAD E 13					
	PARK, FL 320	073			
FEI Number:	: 02-0539839	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
DIONNE, THOMAS A 550 CROSSING BLVD APT B317 ORANGE PARK, FL 32073 US				DIONNE, THOMAS A 2415 WATERMILL DRIVE ORANGE PARK, FL 32073 US	
	named entity e of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: THOMAS DIONNE				01/12/2005	
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (DIONNE, THOI 2415 WATERN ORANGE PAR	IILL DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (BOST, JASON 7067 BEECH F JACKSONVILL	FERN LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	RODIFER, EM) Delete MET JR. EADOW CIRCLE	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: THOMAS DIONNE Ρ 01/12/2005