## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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## Apr 23, 2008 8:00 am Secretary of State 04-23-2008 90040 014 \*\*\*150.00 **DOCUMENT # P02000034917** 1. Entity Name CIRCLE R ARENA, INC. Principal Place of Business Mailing Address 4477 EAST CR 462 4477 EAST CR 462 WILDWOOD, FL 34785 WILDWOOD, FL 34785 03262008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 41-2036221 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAINEY, JAMES I DO NOT WRITE 4477 E CR 462 WILDWOOD, FL 34785 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS **PSD** TITLE RAINEY, JAMES I NAME STREET ADDRESS 4477 E CR 462 CITY-ST-ZIP WILDWOOD, FL 34785 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRI CITY-ST-ZIP IN THIS SPACE 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 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED**