


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2007 8:00 am**  
**Secretary of State**

07-26-2007 90031 021 \*\*\*150.00

<b>DOCUMENT # P02000040893</b>	
1. Entity Name <b>SOUTHERN RACING, INC.</b>	

Principal Place of Business <b>2775 OAK GROVE RD DAVIE, FL 33328</b>	Mailing Address <b>2775 OAK GROVE RD DAVIE, FL 33328</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>3/A Above</b>	3. Mailing Address Suite, Apt. #, etc. <b>3/A Above</b>
City & State	City & State
Zip	Country

05302007 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent <b>CARLISI, LYNN E 2775 OAK GROVE RD DAVIE, FL 33328</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CARLISI, LYNN E 2775 OAK GROVE RD DAVIE, FL 33328</b> <input checked="" type="checkbox"/> Delete <b>7/20/07</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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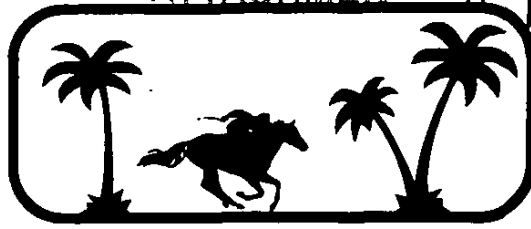
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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:** *Lynn Carlisi* **7/20/07** **President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40127230

# P 02000040893



**SOUTHERN RACING INC.**

**2775 OAK GROVE ROAD \* DAVIE, FL. 33328**

**CELL 954-288-4312 \*HOME 954-577-2860 \*FAX 954-577-2860**

7/20/2007

To Whom it may concern,

PURSUANT to our phone conversation  
please accept our payment of  
one hundred Fifty dollars with our  
ANNUAL report. When I spoke with  
TINA she stated the penalty of  
Four hundred dollars would be  
WAIVED AS we did NOT receive the  
form till TINA CARTERS mailing.

THANK YOU,

Lynn Carlier