## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATU** 

## Apr 22, 2004 8:00 am Secretary of State DOCUMENT # P02000063732 1. Entity Name 04-22-2004 90052 032 \*\*\*150.00 GOLD STAR RACING, INC. Principal Place of Business Mailing Address 109 APACHE LANE 109 APACHE LANE COOUCUPA SEFFNER FL 33584 SEFFNER FL 33584 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number **NO-T APPLICABLE** Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARRIS. PETER C Street Address (P.O. Box Number is Not Acceptable) 109 APÁCHE LN SEFFNER FL 33584 Zip Code 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 DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Change ☐ Addition TITLE Delete HARRIS Denise C HARRIS. PETER C NAME NAME 109 ADACHE Lane STREET ADDRESS 109 APACHE LANE STREET CITY-ST-ZIP SEFFNER FL 33584 CITY-ST-ZIE **X** Delete Addition TITLE TITLE ☐ Change DOUCETTE, NATHAN NAME WALTHER, MARK A NAME STREET ADDRESS STREET ADDRESS 1329 BIRDWATCH DR CITY-ST-ZIF **TAMPA FL 33647** CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI F HARRIS, DENISE C STREET ADDRESS STREET ADDRESS 109 APACHE LANE CITY-ST-ZIP SEFFNER FL 33584 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify 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 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.

R OR DIRECTOR

FILED

Daytime Phone #