

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90161 011 ***150.00

DOCUMENT # P02000066834

1. Entity Name

AL HOFMANN MOTOR SPORTS, INC.



Principal Place of Business

19335 STATE ROAD 44
EUSTIS FL 32736

Mailing Address

19335 STATE ROAD 44
EUSTIS FL 32736

2. Principal Place of Business

4009 E. DRANGE AVE
Suite, Apt. #, etc.

3. Mailing Address

4009 E. DRANGE AVE
Suite, Apt. #, etc.

City & State

EUSTIS FLORIDA

City & State

EUSTIS FLORIDA

Zip

32736

Country

USA

Zip

32736

Country

USA

4. FEI Number

90-0037947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HICKEY, SUSAN V
19335 STATE RD 44
EUSTIS FL 32736

7. Name and Address of New Registered Agent

Name SUSAN V. HICKEY
Street Address (P.O. Box Number is Not Acceptable)

4009 E. DRANGE AVE
City EUSTIS FL Zip Code 32736

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | HOFMANN, ALFRED J | |
| STREET ADDRESS | 19335 STATE ROAD 44 | |
| CITY - ST - ZIP | EUSTIS FL 32736 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------|--------------------|------------------------------------------------------------------------------|
| TITLE | PO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOFMANN, ALFRED J | |
| STREET ADDRESS | 4009 E. DRANGE AVE | |
| CITY - ST - ZIP | EUSTIS FL 32736 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

12. 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 info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/05 35636-8124
Date Daytime Phone #