


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # P02000079871 | |
| 1. Entity Name WARD'S MOTORSPORTS, INC | |
|  | |
| Principal Place of Business 11130 LILLIAN HIGHWAY PENSACOLA, FL 32506 | Mailing Address 11130 LILLIAN HIGHWAY PENSACOLA, FL 32506 |



02142008 No Chg-P CR2E034 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 14-1839107 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WARD, JOHN T SR
11120 LILLIAN HIGHWAY
PENSACOLA, FL 32506

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000863164

04/03/08-80080-022 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WARD, JOHN T SR 11120 LILLIAN HIGHWAY PENSACOLA, FL 32506 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WARD, DARLENE T 11120 LILLIAN HIGHWAY PENSACOLA, FL 32506 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WARD, JOHN T JR 10620 JEFF HAMILTON ROAD MOBILE, AL 36695 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WARD, JASON W 10815 OAK VALLEY DRIVE PENSACOLA, FL 32506 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:  **3-12-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #