


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000082526	
1. Entity Name SAR MOTORSPORTS, INC.	

Principal Place of Business 1110 NE PINE ISLAND RD STE 33 CAPE CORAL, FL 33909	Mailing Address 1110 NE PINE ISLAND RD STE 33 CAPE CORAL, FL 33909
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02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3645597	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LARROW, PAUL L 3501- 312 DEL PRADO BLVD. CAPE CORAL, FL 33904
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RAYMOND, MAURICE 1110 N.E. PINE ISLAND RD., STE. 33 CAPE CORAL, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HARMON, DENNIS 1110 N.E. PINE ISLAND RD., STE. 33 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARROW, PAUL 3501 DEL PRADO BLVD # 312 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>UD00000298793 04/11/05-80083-014 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dennis Harmon 4-8-05 239-574-7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #