


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90001 042 ***150.00

DOCUMENT # P03000050072		
1. Entity Name C & G MOTORSPORTS, INC.		

Principal Place of Business 1600 S. HARBOR CITY BLVD. MELBOURNE, FL 32901	Mailing Address 1600 S. HARBOR CITY BLVD. MELBOURNE, FL 32901
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

54068509

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



08092004 Chg-P CR2E034 (10/03)

4. FEI Number 55-0842241		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SANDLER, SCOTT M 2701-S. BAYSHORE DR. MIAMI, FL 33133		7. Name and Address of New Registered Agent
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD THRON, CONRAD R 1600 S. HARBOR CITY BLVD. MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD THRON, ANNA B 1600 S. HARBOR CITY BLVD. MELBOURNE, FL 32901 <input type="checkbox"/> Delete	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
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
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
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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

54068509
#P03000050072

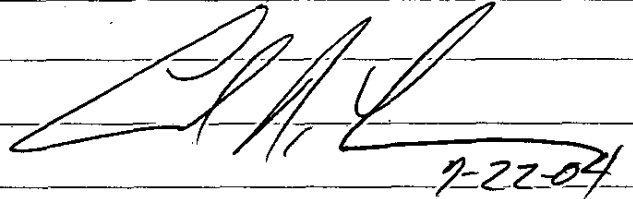
CLG MOTORSPORTS INC
1600 S. HARBOR CITY BL
MELBOURNE FL 32901

TO: DIVISION OF CORPORATIONS
ANNUAL REPORT

WE DID NOT RECEIVE THE
ANNUAL REPORT AT CLG
MOTORSPORTS INC 1600 S. HARBOR CITY
BLV. MELBOURNE FLA 32901,

WE THINK IT WENT TO
MIAMI FLA? THE COMPANY
THAT DID MY CORPORATE,

THANK YOU
CONRAD R. THRON



7-22-04



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Business Entity Name

C & G MOTORSPORTS, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number

550842241

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

1600 S. HARBOR CITY BLVD.

Suite, Apt. #, etc.

City, State

MELBOURNE

FL

Zip Code & Country

32901

Mailing Address

Address

1600 S. HARBOR CITY BLVD.

Suite, Apt. #, etc.

City, State

MELBOURNE

FL

Zip Code & Country

32901

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

SANDLER

SCOTT

M

-or- RA Business Name

Address

2701 S. BAYSHORE DR.

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33133

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a



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Business Entity Name
C & G MOTORSPORTS, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title	PTD		
Name (Last, First, Middle, Title)	THRON	CONRAD	R
-or- Entity Name			
Street Address	1600 S. HARBOR CITY BLVD.		
City, State	MELBOURNE	FL	
Zip Code & Country	32901		
Title	VSD		
Name (Last, First, Middle, Title)	THRON	ANNA	B
-or- Entity Name			
Street Address	1600 S. HARBOR CITY BLVD.		
City, State	MELBOURNE	FL	
Zip Code & Country	32901		
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			

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City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

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☒ List more than six Officers/Directors ☐ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Continue

Reset

Start Over

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