## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED DOCUMENT # P03000079366 Jan 29, 2007 08:00 AM **Secretary of State** DOUGLAS GORDON POTTER RACING STABLES, INC. Principal Place of Business Mailing Address 7220 HAYES ST HOLLYWOOD FL 33024 7220 HAYES ST HOLLYWOOD FL 33024 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 20-0102547 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POTTER, DOUGLAS G Street Address (P.O. Box Number is Not Acceptable) 7220 HAYES ST HOLLYWOOD FL 33024 Zip Codo City 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 rame of registered agent and title i applicable (NOTE: Registered Agent signalure required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 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 11. **PVSD** Delete ☐ Change HILE Addition hlir POTTER, DOUGLAS G NAME U00000607417 NAME 7220 HAYES ST 01/3Ĭ/Ŏ?~8ŎĠĠ6-019 158.75 STREET ADDRESS STRUCT ADDRESS HOLLYWOOD FL 33024 CHY-ST-ZIP CHY-ST-7IP ☐ Change IOTE ☐ Defete 100 ■ Addition NAMI NAME STRIET ADDRESS STRULT ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition mu ☐ Delete TITLE ☐ Change NAMI NAME STREET ADDRESS SIRFEL ADDRESS CHY-SI-ZIP CITY - ST- ZIP Defete Addition mu Change NAM NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP COY-ST-7IP mu. ☐ Delete Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CGY-ST-7IP HILE TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11Y-S1-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes, I further certify that the information

indicated on this report or supplemental roport is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: