2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2008 8:00 am Secretary of State

DOCUMENT # P03000094979 1. Entity Name C & C MOTORSPORT, INC.				01-24-2008 90047 016 ***150.00	
Principal Plac	e of Business	Mailing Address			
4711 N. MANHATTAN AVE			AVE		
0.00	V (5)				
Principal Place of Business - No P.O. Box # Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number Applied Fo. 20-1651050 Not Applie	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	L	7. Name and Address of New Registered Agent	
JOHNSON, STEVEN			Name		
4711 N. MANHATTAN AVE			Street Addre	ess (P.O. Box Number is Not Acceptable)	
TAMPA, F	L 33614			··········	
	ر' سرد		City	FL Zip Code	
8 The shove	pamed entity submits this		vistered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and acc	cont
the obligate	Signa:		E. Repetered Agent signature rec		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Con		\$5.00 May Be Added to Fees	,
10.	OF ICERS AND		11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	JOHNSON, STEVEN	☐ Delete	TITLE NAME	Change Add	dition
STREET ADDRESS	4711 N. MANHATTAN, AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE NAME	D BOYLAN, THOMAS	☐ Delete	TITLE	Change Add	dition
STREET ADDRESS	4711 N. MANHATTAN AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614	- 44	CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Change Add	dition
NAME STREET ADDRESS			DAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Change Add	dition
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	dilion
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TALE		☐ Delete	TITLE	☐ Change ☐ Add	dition
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY STIZIP		
	nertify that the information supplied wit	h this filling does not qualify !		aned in Chapter 119, Florida Statutes. I further certify that the informatic	OD.
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 direct 607, Florida Statutes; and that my name appears in Block-10 or Block 1	tor

01-18-08 813348-6187