


2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/ **FILED**
Jun 07, 2005 8:00 am
Secretary of State

05-25-2005 90002 013 ***150.00

| | | | |
|---|--|--|---|
| DOCUMENT # P03000103804 | |  | |
| 1. Entity Name TB RACING, INC. | | | |
| Principal Place of Business 631 US HWY ONE STE 303 NORTH PALM BEACH, FL 33408 | | Mailing Address 631 US HWY ONE STE 303 NORTH PALM BEACH, FL 33408 | |
| 2. Principal Place of Business 103 US Hwy One Suite, Apt. #, etc. SA | | 3. Mailing Address 103 US Hwy One Suite, Apt. #, etc. SA | |
| City & State Jupiter Zip 33411 | | City & State Jupiter Zip 33411 | |
| Country USA | | Country | |
| 4. FEI Number APPLIED FOR 56-2407728 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SMALLEGANGE, BASTIAAN 631 US HWY ONE STE 303 NORTH PALM BEACH, FL 33408 | | 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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SMALLEGANGE, BASTIAAN 631 US HWY ONE STE 303 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 103 US Hwy One SA Jupiter FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SMALLEGANGE, SEBASTIAN 631 US HWY ONE STE 303 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 103 US Hwy One SA Jupiter FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 and other like empowered. | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date _____ <small>Daytime Phone # _____</small> | |