## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000112417

City-St-Zip:

PONCE INLET, FL 32127

Entity Name: BOSTWICK CREEK MOTOCROSS PARK, INC.

FILED Apr 10, 2009 Secretary of State

| Current Principal Place of Business:                     |                                    | New Principal Place                  | New Principal Place of Business:             |  |
|--|------------------------------------|--------------------------------------|--|--|
| PO BOX 2040<br>ORMOND BEACH, FL 32175                    |                                    |                                      | 59 BAY HARBOUR DR.<br>PONCE INLET, FL 32127  |  |
| Current Mailing Address:                                 |                                    | New Mailing Address                  | New Mailing Address:                         |  |
| PO BOX 2040<br>ORMOND BEACH, F                           | <sup>-</sup> L 32175               |                                      |  |  |
| FEI Number: 02-0712148                                   | FEI Number Applied For()           | FEI Number Not Applicable ( )        | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent:            |                                    | Name and Address o                   | Name and Address of New Registered Agent:    |  |
| PERRONE, BERNIE<br>59 BAY HARBOUR I<br>PONCE INLET, FL 3 |                                    |                                      |  |  |
| The above named er in the State of Florida               |                                    | e purpose of changing its registered | d office or registered agent, or both,       |  |
| SIGNATURE:   |                                    |                                      |  |  |
| Electronic Signature of Registered Agent                 |                                    | gent                                 | Date   |  |
| Election Campaign Fina                                   | ncing Trust Fund Contribution ( ). |                                      |  |  |
| OFFICERS AND DIRECTORS:                                  |                                    | ADDITIONS/CHANGE                     | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title: P Name: PERRONE                                   | ( ) Delete<br>:, BERNIE            | Title:<br>Name:                      | ( ) Change ( ) Addition                      |  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNIE PERRONE P 04/10/2009