

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90361 046 ***150.00

DOCUMENT # P03000127072

1. Entity Name
BOUTWELL MOTOR SPORTS, INC.



Principal Place of Business
**14521-60TH ST. N.
CLEARWATER, FL 33760**

Mailing Address
**14521-60TH ST. N.
CLEARWATER, FL 33760**

50041255



2. Principal Place of Business

3. Mailing Address

BOUTWELL MOTOR SPORTS, INC. **BOUTWELL MOTOR SPORTS, INC.**

Suite, Apt. #, etc. **14240 60 ST N STE A** Suite, Apt. #, etc. **14240 60 ST N STE A**

City & State **CLEARWATER** City & State **CLEARWATER FL**

Zip **33760** Country Zip **33760** Country

04042005 Chg-P CR2E034 (10/03)

4. FEI Number **57-1193017** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAPORI, FRANK
10556 OAKHAVEN DR.
PINELLAS PARK, FL 33782**

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BOUTWELL, JOANN L**
STREET ADDRESS **10556 OAKHAVEN DR.**
CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

Joann L Boutwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/05 737 415 4594