


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90018 012 ***150.00

DOCUMENT # P04000125073 1. Entity Name 777 MOTORSPORTS INC					
Principal Place of Business 1068 NW 53 ST FT LAUDERDALE, FL 33309 US			Mailing Address 1068 NW 53 ST FT LAUDERDALE, FL 33309 US		
2. Principal Place of Business		3. Mailing Address BOX 4082			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State DELRAY BEACH FL		4. FEI Number	
Zip		Zip 33482-4082		Country US	
6. Name and Address of Current Registered Agent JOHNSON, RANDY G 8442 NW 2 MANOR CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 title 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	PRES JOHNSON, RANDY G 1068 NW 53 ST FT LAUDERDALE, FL 33309		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR JOHNSON, SHANNON K 1068 NW 53 ST FT LAUDERDALE, FL 33309		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA JOHNSON, DENISE K 1068 NW 53 ST FT LAUDERDALE, FL 33309		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, ADAM R 1068 NW 53 ST FT LAUDERDALE, FL 33309		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
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: <u>Randy G Johnson</u> RANDY G JOHNSON 2-18-05 754-246-1484 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					