

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000137842

**FILED**  
**Jan 22, 2011**  
**Secretary of State**

**Entity Name:** MOTOCROSS OF MARION COUNTY, INC.

**Current Principal Place of Business:**

2035 NW 146TH PLACE  
CITRA, FL 32113

**New Principal Place of Business:**

**Current Mailing Address:**

2035 NW 146TH PLACE  
CITRA, FL 32113

**New Mailing Address:**

**FEI Number:** 59-2609329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLACKBURN, KENNETH  
2035 NW 146TH PLACE  
CITRA, FL 32113 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BLACKBURN, KENNETH  
Address: 2035 NW 146TH PLACE  
City-St-Zip: CITRA, FL 32113

Title: ST  
Name: BLACKBURN, CAROL E  
Address: 2035 NW 146TH PLACE  
City-St-Zip: CITRA, FL 32113

I hereby 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 all other like empowered.

SIGNATURE: CAROL E. BLACKBURN

ST

01/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date