

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90106 016 ***150.00

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1. Entity Name
4 KINGS RACING STABLE, INC.



Principal Place of Business
**8680 SW HWY 200
OCALA, FL 34481**

Mailing Address
**8680 SW HWY 200
OCALA, FL 34481**

40001100



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1790038

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZACCO, JOHN J
8680 SW HWY 200
OCALA, FL 34481**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	ZACCO, JOHN J
STREET ADDRESS	8680 SW HWY 200
CITY-ST-ZIP	OCALA, FL 34481
TITLE	VP
NAME	ZACCO, PAMELA C
STREET ADDRESS	8680 SW HWY 200
CITY-ST-ZIP	OCALA, FL 34481
TITLE	SEC
NAME	ZACCO, JOHN J
STREET ADDRESS	8680 SW HWY 200
CITY-ST-ZIP	OCALA, FL 34481
TITLE	TREA
NAME	ZACCO, JOHN J
STREET ADDRESS	8680 SW HWY 200
CITY-ST-ZIP	OCALA, FL 34481
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. ZACCO PRES

4/21/06

Date

(352) 873-9659

Daytime Phone #