

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000145024

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

FILED
08 MAY 23 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01212008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

000130106080
05/23/08--01007--012 **2066.25

**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

Date

Daytime Phone #

4/28/08 (352) 873-9459