


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90050 042 ***150.00

DOCUMENT # P04000160046

1. Entity Name
 THE HORSETRACK OF WELLS ROAD, INC.



Principal Place of Business
 1893 KINGSLEY AVENUE
 ORANGE PARK FL 32073

Mailing Address
 1893 KINGSLEY AVENUE
 ORANGE PARK FL 32073



2. Principal Place of Business - No P.O. Box #
 1893 Kingsley Ave
 Suite, Apt. #, etc. Suite B

3. Mailing Address
 1893 Kingsley Ave
 Suite, Apt. #, etc. Suite B

1st MOORE CR2E034 (10/06)

City & State
 ORANGE PARK, FLA

City & State
 ORANGE PARK, FLA

Zip
 32073

Country
 USA

Zip
 32073

Country
 USA

4. FEI Number 20-1921366

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, GRADY H JR.
 1543-5 KINGSLEY AVENUE
 ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name CARLYLE K. MARTIN

Street Address (P.O. Box Number is Not Acceptable)
 1893 Kingsley Ave Suite B

City ORANGE PARK FL Zip Code 32073

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 Grady H. Williams Jr. Grady H. Williams Jr. Carlyle K. Martin 1-30-07

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	PD MARTIN, CARLYLE K 1893 KINGSLEY AVENUE ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BOATRIGHT, BRIAN O 914 PLAINFIELD AVENUE ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MCCULLAR, STEPHEN C 2947 DOCTORS LAKE DRIVE ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOATRIGHT, RONALD O 2790 BROOKWOOD DRIVE ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Carlyle K. Martin 1-30-07 904-276-3535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #