

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000160046

FILED
Jan 06, 2009
Secretary of State

Entity Name: THE HORSETRACK OF WELLS ROAD, INC.

Current Principal Place of Business:

1893 KINGSLEY AVENUE
SUITE B
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

1893 KINGSLEY AVENUE
SUITE B
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 20-1921366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, CARLYLE K
1893 KINGSLEY AVE.
SUITE B
ORANGE PARK, FL 32073 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTIN, CARLYLE K
Address: 1893 KINGSLEY AVENUE
City-St-Zip: ORANGE PARK, FL 32073

Title: STD () Delete
Name: BOATRIGHT, BRIAN O
Address: 914 PLAINFIELD AVENUE
City-St-Zip: ORANGE PARK, FL 32073

Title: VPD () Delete
Name: MCCULLAR, STEPHEN C
Address: 2947 DOCTORS LAKE DRIVE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: BOATRIGHT, RONALD O
Address: 2790 BROOKWOOD DRIVE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARLYLE K MARTIN

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date