


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90012 030 ***150.00

DOCUMENT # P05000001758				
1. Entity Name DAMON MOTORSPORTS, INC.				
Principal Place of Business 4420 BEACON CIRCLE SUITE 100 WEST PALM BEACH, FL 33407		Mailing Address 4420 BEACON CIRCLE SUITE 100 WEST PALM BEACH, FL 33407		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	



02092006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2092876

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAMON, CONRAD 4420 BEACON CIRCLE SUITE 100 WEST PALM BEACH, FL 33407		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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:  **3/31/06** **561-842-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

L A W O F F I C E S

WARD · DAMON

& POSNER

PROFESSIONAL ASSOCIATION

40042071
P05000001758

Conrad Damon

E-mail: cdamon@warddamon.com

4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407

TEL: (561) 842-3000 • FAX: (561) 842-3626

March 28, 2006

Department of State
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Damon Motorsports, Inc.

To Whom It May Concern:

Enclosed please find the 2006 Uniform Business Report for the above-referenced corporation along with a check for \$150.00 for filing the Report. We have added the officer(s) and the FEI number.

Thank you.

Very truly yours,



Geri Jenkins,
Legal Assistant to Conrad Damon

CD/gaj
Enclosures