

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90069 021 \*\*\*150.00

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01222006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000010304	
1. Entity Name RACING LIMOS EAST COAST FLORIDA INC.	

Principal Place of Business 130 PERSIMMON DRIVE PALM COAST, FL 32164	Mailing Address 130 PERSIMMON DRIVE PALM COAST, FL 32164
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2. Principal Place of Business 4 Moss Point Drive	3. Mailing Address 4 Moss Point Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ormond Beach FL	City & State Ormond Beach FL
Zip 32174-2596	Zip 32174-2596
Country USA	Country USA

4. FEI Number 20-2275571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRUCE, CAROLYN 130 PERSIMMON DRIVE PALM COAST, FL 32164	7. Name and Address of New Registered Agent Name Bruce, Carolyn Street Address (P.O. Box Number is Not Acceptable) 4 Moss Point Drive City Ormond Beach FL Zip Code 32174-2596
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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 <u>Carolyn Bruce</u> DATE <u>4-9-06</u>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

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	PD BRUCE, CAROLYN 130 PERSIMMON DRIVE PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bruce, Carolyn 4 Moss Point Drive Ormond Beach, FL 32174-2596 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUCE, RICHARD 130 PERSIMMON DRIVE PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Bruce, Richard 4 Moss Point Drive Ormond Beach, FL 32174-2596 <input checked="" 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
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
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 another like empowered.	
SIGNATURE: <u>Carolyn Bruce</u>	DATE <u>4-9-06</u> DAYTIME PHONE # <u>386-615-7697</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	