2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000137684

SEVENTEEN RACING, INCORPORATED



FILED Jan 28, 2008 08:00 AN Secretary of State

Principal Place of Business

3653 REGENT BLVD STE 106 JACKSONVILLE, FL 32224

Mailing Address

3653 REGENT BLVD STE 106 JACKSONVILLE, FL 32224



					•	
)U N	TOL	WRITE	IN TH	112 21	DACI	=

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01102008 CR2E034 (11/05) No Chg-P

4. FEI Number 20-4047077 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

WHITE, COLLEN A ESQ. 1168 1ST AVENUE NORTH JACKSON, FL 32240-6674

> of the corporation or the receiver or trus changed, or on an attachment with a

SIGNATURE:

्रात्री विश्वपुर्व के के कार्याचीक में बोगक होता है जा र एकारणी के DO NOT WRITE

			2.040		o all an Artista for I that their ballion go gilding in Sign					
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.										
SIGNATURESignature, typed or printed name of registered agent and blue if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	<u>.</u>	\$5.00 May Be Added to Fees	U00000804173 02/05/08-80054-010 150.00					
10.	OFFICERS AND DIREC	CTORS			of the thirty of the state of the					
TITLE NAME	PV CHITMON, JUSTEN			the state of the state of						
STREET ADDRESS	3653 REGENT BLVD STE 106	The state of the s								
CITY-ST-ZIP	JACKSONVILLE, FL 32224				reference de la companya de la comp La companya de la co					
TITLE NAME	ST CHITMON, SEDA			4.7	The state of the s					
STREET ADDRESS	3653 REGENT BLVD STE 106] .	ب ا را ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا	in the southern of the property of the second					
CITY-ST-ZIP	JACKSONVILLE, FL 32224			, , , , , ,						
TITLE NAME		•		and the second	and the state of t					
STREET ADDRESS	·			חח	NOT WRITE					
CITY-ST-ZIP										
TITLE NAME			596	IN.	THIS SPACE					
STREET ADDRESS				*	tang terminakan di kecamatan di Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn					
CITY-SI-ZIP					The state of the state of the state of the					
TITLE NAME					Mary That of Son or high his face of the son					
STREET ADDRESS			• •							
CITY-ST-ZIP			; <i>,</i>	ந்தி வள தி	可以改善 医动物性心脏炎炎 使用的复数形式					
TITLE NAME				المراجع المراجع المراجع المراجع	The state of the s					
STREET ADDRESS				a regular water	the fulfill of the ball beam a life of the man of the control					
CITY-ST-ZiP	and if the state of the state o	P			That was a series of					
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 trusted employed of execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if										