


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P05000137684
 1. Entity Name
SEVENTEEN RACING, INCORPORATED



Principal Place of Business Mailing Address
3653 REGENT BLVD STE 106 **3653 REGENT BLVD STE 106**
JACKSONVILLE, FL 32224 **JACKSONVILLE, FL 32224**

DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-4047077 Not Applicable

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

6. Name and Address of Current Registered Agent
WHITE, COLLEN A ESQ
1168 1ST AVENUE NORTH
JACKSON, FL 32240-6674

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000804173
 02/05/08-80054-010 150.00

10. OFFICERS AND DIRECTORS

TITLE: PV
 NAME: CHITMON, JUSTEN
 STREET ADDRESS: 3653 REGENT BLVD STE 106
 CITY-ST-ZIP: JACKSONVILLE, FL 32224

TITLE: ST
 NAME: CHITMON, SEDA
 STREET ADDRESS: 3653 REGENT BLVD STE 106
 CITY-ST-ZIP: JACKSONVILLE, FL 32224

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
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 CITY-ST-ZIP: _____

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 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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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:  Date: **1/25/08** Daytime Phone #: **904-928-3889**