

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000028609

1. Entity Name

GADSDEN JAI-ALAI, INC.



Principal Place of Business

6405 S. HWY 17-92
FERN PARK FL 32730

Mailing Address

PO BOX 300749
FERN PARK FL 32730-0749
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-1578415**

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

SOPER, HORT A
6405 S. HWY. 17-92
FERN PARK FL 32730

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete
NAME: SOPER, HORT A
STREET ADDRESS: 6405 S. HWY 17-92
CITY-STATE-ZIP: FERN PARK FL 32730

TITLE: D ☐ Delete
NAME: MODAHL, WILLIAM
STREET ADDRESS: 841 B E. PALACE AVE.
CITY-STATE-ZIP: SANTA FE NM 87501-2256

TITLE: S ☐ Delete
NAME: KARCZEWSKI, FRANK
STREET ADDRESS: 6405 S. HWY 17-92
CITY-STATE-ZIP: FERN PARK FL 32730

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: U00000633637
CITY-STATE-ZIP: 02/21/07-80070-014 150.00

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Frank Karczewski* FRANK KARCZEWSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07 407-339-6224 X101

Date

Daytime Phone #