

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P94000028635

1. Entity Name
RACERICK, INC.



Principal Place of Business
7832 N SOUTHWOOD CIRCLE
FORT LAUDERDALE, FL 33328 US

Mailing Address
7832 N SOUTHWOOD CIRCLE
FORT LAUDERDALE, FL 33328 US



02152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0483778	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THORPE, RICKY V
7832 N SOUTHWOOD CIRCLE
FORT LAUDERDALE, FL 33328

**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**

000000842367
03/11/08-80026-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	THORPE, RICKY V
STREET ADDRESS	7832 N SOUTHWOOD CIRCLE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33328

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Ricky Thorpe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

022508
Date

Daytime Phone #