


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90065 019 ***150.00

DOCUMENT # P94000029526	
1. Entity Name MOTORSPORT TECH-REP, INC.	

Principal Place of Business 3132 S CANAL DR PALM HARBOR, FL 34684 US	Mailing Address 3132 S CANAL DR PALM HARBOR, FL 34684 US
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2. Principal Place of Business 3309 EASTMONTE DR.	3. Mailing Address 3309 EASTMONTE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Valrico, FL	City & State Valrico, FL
Zip 33594	Zip 33594
Country Hillsborough	Country Hillsborough

03212005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3237032	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HATTON, JON D 3132 S CANAL DR PALM HARBOR, FL 34684	7. Name and Address of New Registered Agent Name Jon D. Hatton Street Address (P.O. Box Number is Not Acceptable) 3309 EASTMONTE DR. City VALRICO FL Zip Code 33594
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS HATTON, JON D 3132 S CANAL DR PALM HARBOR, FL 34684 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS Jon D. Hatton 3309 EASTMONTE DR VALRICO, FL 33594 <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
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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 exemption stated in Section 119.07(3)(i), 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: Jon D. Hatton Jon D. Hatton / President 3/21/05 (813) 654-7687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #