## 2005 FOR PROFIT CORPORATION

changed, or on an attachment

SIGNATURE:

## May 03, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P95000074141 CAPE MOTORSPORTS, INC. Mailing Address Principal Place of Business 3608 MORRIS ST. NORTH 3608 MORRIS ST. NORTH SAINT PETERSBURG, FL 33713 SAINT PETERSBURG, FL 33713 04252005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0632402 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent COSTANZA, DAVID DO NOT WRITE 3608 MORRIS ST. SAINT PETERSBURG, FL 33713 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 Signature invariant or registered open and tide if applicable DATE (NO. E. Registered Agent signature required when recistating) 9. Election Campaign Financing \$5.00 May Be U00000359200 05/04/05-80145-018 150.00 FILE NOW!!! FEE IS \$150.00 Truck Expart Contribution Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DILE CAPE, DOMINIC 6331 18TH STREET NE CHEF (Appets) SAINT PETERSBURG, FL 33702 CHY ST ZIP CAPE, NICHOLAS NAME 2000 SHORE ACRES BLVD. NE. STREET ADJUSTESS. CHY SI Zin SAINT PETERSBURG, FL 33703 TITLE MASS STREET ALTIMESS DO NOT WRITE CITY ST OF IN THIS SPACE HILLE MARIE STREET ADDRESS CHY SE 2P ппе SORELE ADDRESS CHY ST 20 0.015NAME SEREE LADDRESS CITY ST ZIP with this filing does not quality for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information nor is frue and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director en powered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information indicated on this report or supple of the corporation or the receiver

AME OF SIGNING OFFICER OR DIRECTOR

**FILED**