


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000091700	
1. Entity Name RAMSHEAD DOWNS, INC.	

Principal Place of Business 2410 DEER CREEK CC BLVD SUITE 308 DEERFIELD BEACH, FL 33442	Mailing Address 2410 DEER CREEK CC BLVD SUITE 308 DEERFIELD BEACH, FL 33442
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DO NOT WRITE IN THIS SPACE



02102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0715392	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PASCOE, WILLIAM A
2410 DEER CREEK C.C. BLVD
SUITE 308
DEERFIELD BEACH, FL 33442**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME COLANGE, ANTHONY P
STREET ADDRESS 25611 QUAIL RUN., #104	CITY-ST-ZIP DANA POINT, CA 92629
TITLE SD	NAME PASCOE, WILLIAM A
STREET ADDRESS 2410 DEER CREEK C.C. BLVD #308	CITY-ST-ZIP DEERFIELD BEACH, FL 33442
TITLE VD	NAME RICCIO, AJOHN
STREET ADDRESS 4917 REMINGTON DRIVE	CITY-ST-ZIP SARASOTA, FL 34234
TITLE VTD	NAME THOMPSON, J. CHARLES
STREET ADDRESS 6605 BRANDYWINE DRIVE S	CITY-ST-ZIP MARGATE, FL 33063
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

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IN THIS SPACE**

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04/18/07-80037-014 150.00

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: Anthony P. Colange **ANTHONY P. COLANGE** 04/02/07 (949)487-1496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #