

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 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



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0715392

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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, 2008 Fee will be \$550.00

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

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**

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

ANTHONY P. COLANGE

04/01/08

(949) 487-1496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #