2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000042311

ELDER, BYRON

1613 SUFFOLK DRIVE

CLEARWATER, FL 33756

Name:

Address:

City-St-Zip:

Entity Name: FLORIDA CLASSIC PARK, INC

FILED Jan 26, 2007 Secretary of State

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Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:			
	KHART RD. /ILLE, FL 346	02					
Current N	lailing Addre	ss:	New Mailing Address:				
	FOLK DRIVE ATER, FL 337	756					
FEI Number	: 59-3446223	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ())	
Name and	Address of	Current Registered Agent:	Name and	Address of	New Registered Agent:		
	YRON W FOLK DRIVE ATER, FL 337	756 US					
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or b	ooth,	
SIGNATUI	RE:						
	Electro	nic Signature of Registered Age	ent		Date		
Election Car	mpaign Financir	ng Trust Fund Contribution ().					
OFFICER	S AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	NAPOLITANO,	ARLES CIRCLE	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	VP (INGHER, CHA 13009 MANIS [*] BROOKSVILL	TEE RD	Title: Name: Address: City-St-Zip:	VP (BILLUPS, JAI 13650 SIMMO BROOKSVILI	ONS ROAD		
Title: Name: Address: City-St-Zip:	T (ANDERSON, C 10073 DOMIN BROOKSVILL	GO DRIVE	Title: Name: Address: City-St-Zip:	INGHER, CHA 13009 MANIS			
Title:	S () Delete	Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES INGHER T 01/26/2007