2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000042311

Title:

Name:

Address:

City-St-Zip:

Entity Name: FLORIDA CLASSIC PARK, INC

FILED Jan 14, 2009 Secretary of State

y		(CL/ (COIC 1 / (KK), 11 VC.						
Current Principal Place of Business:				New Principal Place of Business:				
	KHART RD. /ILLE, FL 3460)2						
Current Mailing Address:				New Mailing Address:				
1613 SUFFOLK DRIVE CLEARWATER, FL 33756				25421 TRADEWINDS DR. LAND O LAKES, FL 34639				
FEI Number:	: 59-3446223	FEI Number Applied For ()	FEI Nur	mber Not Appl	licable ()	Certificate of Statu	s Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
25421 TRA LAND O L	STOLZ, MARADEWINDS DE AKES, FL 346	२	the nurnose o	of changing i	ts registered (office or registered	agent or both	
	e of Florida.	submits this statement for t	ine parpose c	n changing i	is registered (office of registered	agent, or both,	
SIGNATU								
Election Car		iic Signature of Registered Trust Fund Contribution ().	Agent			Date		
	S AND DIREC	. ,		ADDITION	IS/CHANGES	TO OFFICERS A	ND DIRECTORS	
Title: Name: Address: City-St-Zip:	NAIMAN, STEV	A CIRCLE NORTH		Title: Name: Address: City-St-Zip:	P () KING, BRUCE 1216 LIVE OA LUTZ, FL 335			
Title: Name: Address: City-St-Zip:	VP () BILLUPS, JANE 13650 SIMMON BROOKSVILLE	IS ROAD		Title: Name: Address: City-St-Zip:	VP () ROSS, DEBBI 9790 W. SUNI CRYSTAL RIV	NY DAY CT.		
Title: Name: Address: City-St-Zip:	T () INGHER, CHAR 13009 MANISTI WEEKI WACHE	EE ROAD		Title: Name: Address: City-St-Zip:	T () STOLZ, DANIE 25421 TRADE LAND O LAKE	WINDS DR.		

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DANIEL T STOLZ T 01/14/2009

() Delete

MANNING-STOLZ, MARY

25421 TRADEWINDS DR

LAND O LAKES, FL 34639

(X) Change () Addition

LOMBARDI, PATRICIA

16404 HIBUSCUS RD.

BROOKSVILLE, FL 34601