

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000045095**

1. Entity Name  
**DOG TRACK, INC.**



Principal Place of Business  
**C/O RUSTY ANCHOR  
5510 THIRD AVENUE STOCK ISLAND  
KEY WEST, FL 33040**

Mailing Address  
**C/O RUSTY ANCHOR  
5510 THIRD AVENUE STOCK ISLAND  
KEY WEST, FL 33040**



05102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0823979**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MORGAN, HUGH J  
317 WHITEHEAD STREET  
KEY WEST, FL 33040**

**DO NOT WRITE  
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RODRIGUEZ, MICHAEL
STREET ADDRESS	35 EVERGREEN AVENUE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	RODRIGUEZ, RAMON
STREET ADDRESS	C/O 5510 THIRD AVENUE STOCK ISLAND
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	RODRIGUEZ, JIMMY
STREET ADDRESS	19 KESTRAL WAY
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/13/05-80002-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/05  
Date

Daytime Phone #