


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90035 004 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT #</b> P97000100671                |  |
| <b>1. Entity Name</b><br>GAMBINO RACING, INC. |   |

|  |   |
|--|---|
| <b>Principal Place of Business</b><br>5889 S WILLIAMSON BLVD<br>1431<br>PORT ORANGE FL 32128 | <b>Mailing Address</b><br>P.O. BOX 290609<br>DAYTONA BEACH FL 32129 |
|--|---|



|  |  |
|--|--|
| <b>2. Principal Place of Business - No P.O. Box #</b><br>1566 Roosevelt Blvd.<br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>1566 Roosevelt Blvd.<br>Suite, Apt. #, etc. |
|--|--|

1st MOORE CR2E034 (10/06)

|   |   |
|---|---|
| <b>City &amp; State</b><br>Daytona Beach FL | <b>City &amp; State</b><br>Daytona Beach FL |
| <b>Zip</b><br>32124                         | <b>Country</b><br>USA                       |

|                                 |   |
|---------------------------------|---|
| <b>4. FEI Number</b> 59-3485808 | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
|---------------------------------|---|

|  |                                       |
|--|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br>GAMBINO, CHARLES<br>5889 S WILLIAMSON BLVD 1431<br>PORT ORANGE FL 32128 | <b>7. Name and Address of New Registered Agent</b><br><br>Name Charles Gambino<br>Street Address (P.O. Box Number is Not Acceptable)<br>1566 Roosevelt Blvd.<br>City Daytona Beach FL Zip Code 32124 |
|---|--|

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**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                           |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---------------------------------|---|--|
| <b>TITLE</b><br>P                                    | <input type="checkbox"/> Delete | <b>TITLE</b><br>P                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>GAMBINO, CHARLES                      |                                 | <b>NAME</b><br>Charles Gambino                        |  |
| <b>STREET ADDRESS</b><br>5889 S WILLIAMSON BLVD 1431 |                                 | <b>STREET ADDRESS</b><br>1566 Roosevelt Blvd.         |  |
| <b>CITY- ST- ZIP</b><br>PORT ORANGE FL 32128         |                                 | <b>CITY- ST- ZIP</b><br>Daytona Beach, FL 32124       |  |
| <b>TITLE</b>   | <input type="checkbox"/> Delete | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>  |                                 | <b>NAME</b>   |  |
| <b>STREET ADDRESS</b>                                |                                 | <b>STREET ADDRESS</b>                                 |  |
| <b>CITY- ST- ZIP</b>                                 |                                 | <b>CITY- ST- ZIP</b>                                  |  |
| <b>TITLE</b>   | <input type="checkbox"/> Delete | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>  |                                 | <b>NAME</b>   |  |
| <b>STREET ADDRESS</b>                                |                                 | <b>STREET ADDRESS</b>                                 |  |
| <b>CITY- ST- ZIP</b>                                 |                                 | <b>CITY- ST- ZIP</b>                                  |  |
| <b>TITLE</b>   | <input type="checkbox"/> Delete | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>  |                                 | <b>NAME</b>   |  |
| <b>STREET ADDRESS</b>                                |                                 | <b>STREET ADDRESS</b>                                 |  |
| <b>CITY- ST- ZIP</b>                                 |                                 | <b>CITY- ST- ZIP</b>                                  |  |
| <b>TITLE</b>   | <input type="checkbox"/> Delete | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>  |                                 | <b>NAME</b>   |  |
| <b>STREET ADDRESS</b>                                |                                 | <b>STREET ADDRESS</b>                                 |  |
| <b>CITY- ST- ZIP</b>                                 |                                 | <b>CITY- ST- ZIP</b>                                  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **CHARLES GAMBINO** **3-20-07** **255-9107**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #