

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000019838**

1. Entity Name  
**MCGAVIC MOTOR SPORTS & KENNELS, INC.**



Principal Place of Business  
**7730 S.W. ENVIRONMENTAL LAB STREET  
ARCADIA, FL 33266**

Mailing Address  
**7730 S.W. ENVIRONMENTAL LAB STREET  
ARCADIA, FL 33266**



03122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0827806</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**MCGAVIC, MITZIE  
7730 SW ENVIRONMENTAL LAB STREET  
ARCADIA, FL 34266**

**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  
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	D
NAME	MCGAVIC, BILL
STREET ADDRESS	7730 S.W. ENVIRONMENTAL LAB STREET
CITY-ST-ZIP	ARCADIA, FL 33266

TITLE	D
NAME	MCGAVIC, MITZIE
STREET ADDRESS	7730 S.W. ENVIRONMENTAL LAB STREET
CITY-ST-ZIP	ARCADIA, FL 33266

TITLE	
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05/15/08-80036-012 150.00

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #