
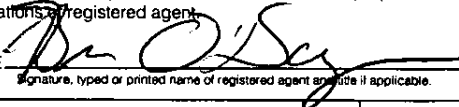
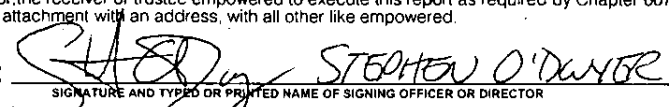


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90200 041 ***150.00

DOCUMENT # P98000095688																													
1. Entity Name RACETRACK R.V., INC.																													
Principal Place of Business 2547 BELLEVUE EXT DAYTONA BEACH, FL 32114			Mailing Address PO BOX 731259 ORMOND BEACH, FL 32173																										
2. Principal Place of Business - No P.O. Box # 270 CORAL SEA WAY		3. Mailing Address Suite, Apt., #, etc.																											
Suite, Apt., #, etc.		Suite, Apt., #, etc.																											
City & State DAYTONA BEACH FL		City & State DAYTONA BEACH FL		4. FEI Number 59-3561915																									
Zip 32124		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ODWYER, BRIAN 2547 BELLEVUE EXT DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1450 NORTH U.S. 1 SUITE 700 City ORMOND BEACH FL Zip Code 32173																										
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:  DATE: 2/27/08 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
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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:  DATE: 2-26-08 DAYTIME PHONE #: 386-671-6991 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													