

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2008 8:00 am
Secretary of State

05-02-2008 90119 041 ***150.00

DOCUMENT # P99000006291 1. Entity Name JONCO MOTOR SPORTS, INC.	
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Principal Place of Business
2004 JOHNSON RD.
IMMOKALEE, FL 34142

Mailing Address
2004 JOHNSON RD.
IMMOKALEE, FL 34142

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3555005	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JOHNSON, DOUGLAS L
2004 JOHNSON RD.
IMMOKALEE, FL 34142

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, DOUGLAS L 2004 JOHNSON RD. IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, DEBORAH 2004 JOHNSON RD IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WELLS, DRUCILLA <i>Ralph B. Hendry</i> 2004 JOHNSON RD. IMMOKALEE, FL 34142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 treasurer or trustee empowered to execute this report as required by Chapter 807, 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 _____ *4/17/08*
Signature and typed or printed name of signing officer or director Date Daytime Phone #