

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90076 024 ***150.00

DOCUMENT # V38677

1. Entity Name
TORSTVEIT RACING INC.



Principal Place of Business

815 NW 23RD AVE
GAINESVILLE, FL 32609 US

Mailing Address

815 NW 23RD AVE
GAINESVILLE, FL 32609 US

50015278



2. Principal Place of Business

2801 W. UNIVERSITY AVE.

3. Mailing Address

2801 W. UNIVERSITY AVE.

01312005

Chg-P

CR2E034 (10/03)

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

4. FEI Number

59-3124817

Applied For

Not Applicable

Zip

32607

Country

US

Zip

32607

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEVENS, SHARON M
815 NW 23RD AVE
GAINESVILLE, FL 32609

7. Name and Address of New Registered Agent

Name **SHARON M. STEVENS**

Street Address (P.O. Box Number is Not Acceptable)
2801 W. UNIVERSITY AVENUE

City **GAINESVILLE**

FL

Zip Code **32607**

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 *Sharon M. Stevens*

1/31/05

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **JEREMY R. TORSTVEIT**
STREET ADDRESS **329 W CYPRESS ST**
CITY-ST-ZIP **PHOENIX, AZ 85003**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

JEREMY R TORSTVEIT PRESIDENT 2-9-05

602-254-1899