


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90021 034 ***150.00

DOCUMENT # F0000005901
 1. Entity Name
THE JOCKEY CLUB RACING SERVICES, INC.



Principal Place of Business Mailing Address
821 CORPORATE DRIVE **40 EAST 52ND STREET**
LEXINGTON KY 40503 **NEW YORK NY 10022**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

4. FEI Number Applied For
13-3561964 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 reinstating)

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	O'CONNELL, DANIEL P	
STREET ADDRESS	40 EAST 52ND STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARILLARO, LAURA	
STREET ADDRESS	40 EAST 52ND STREET	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MARZELLI, ALAN	
STREET ADDRESS	40 E. 52ND. ST.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHIPPS, OGDEN MILLS	
STREET ADDRESS	40 EAST 52ND STREET	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	P	<input type="checkbox"/> Delete
NAME	O'HARA JR, PHILIP T	
STREET ADDRESS	821 CORPORATE DRIVE	
CITY-ST-ZIP	LEXINGTON KY 40503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Gagliano	
STREET ADDRESS	40 East 52nd Street	
CITY-ST-ZIP	New York NY 10022	

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: *Daniel P. O'Connell* *Daniel P. O'Connell* *2/16/06* *(212) 371-5970*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #