
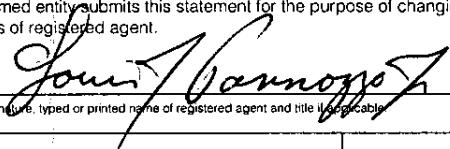



2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
04 JUN 16 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707167					
1. Entity Name DAYTONA 200 MOTORCYCLE CLUB INC					
Principal Place of Business 3602 INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH, FL 32124			Mailing Address P.O. BOX 2502 DAYTONA BEACH, FL 32124		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1166964	
Applied For		Not Applicable			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEIGHTON, RUSSELL 848 NAVAL ORANGE DR ORANGE CITY, FL 32763			Name LOUIS J. PANNOZZO JR		
			Street Address (P.O. Box Number is Not Acceptable)		
			60 BRONSON LAKE		
			City PALM COAST		FL Zip Code 32137
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 6-6-04		
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COMEAU, GEORGE D 2901 BELKTON STREET DELTONA, FL 32738	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHIL SOZIO 1475 N VOLUSA AVE. ORANGE, CITY FL. 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENSMORE, BEN 2300 EAST GRAVES AVE # 6 ORANGE CITY, FL 32763	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE RICH SCHERER 205 BRABURN CIRCLE DAYTONA BEACH, FL. 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOMARAZO, JOSEPH D 2073 E GLORIA DR DELTONA, FL 32725	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLENN MARK GOTTLIEB 718 RIVERSIDE DRIVE ORMOND BEACH, FL. 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOZIO, PHIL 1475 N VOLUSA AVE ORANGE CITY, FL 32763	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRES LOUIS J. PANNOZZO, JR 60 BRONSON LAKE PALM COAST FL. 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMPANARO, ANDY RAY 1690 DUBLIN RD DELTONA, FL 32738	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100038100651 06/21/04--01003--005 *\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES SUSAN TAYLOR 533 HOWARD AV ORANGE CITY, FL 32763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 617, 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 6-6-04		DAYTIME PHONE # (386) 446-2963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		DAYTIME PHONE #