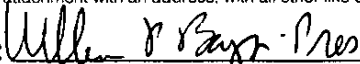


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90138 003 \*\*\*150.00

<b>DOCUMENT # M97913</b>			
1. Entity Name <b>GRAN PRIX DAYTONA, INC.</b>			
Principal Place of Business <b>% G. LARRY SIMS 501 N. GRANDVIEW DR. DAYTONA BEACH, FL 32118 US</b>		Mailing Address <b>PO DRAWER 265669 DAYTONA BEACH, FL 32126 US</b>	
2. Principal Place of Business <b>1065 US 1 NORTH</b>		3. Mailing Address <b>1065 US 1 NORTH #</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>ORLOND BEACH FL</b>		City & State <b>ORLOND BEACH FL</b>	
Zip <b>32174</b>		Zip <b>32174</b>	
Country <b>FLORIDA</b>		Country <b>FLORIDA</b>	
6. Name and Address of Current Registered Agent <b>BAY, WILLIAM P 46 S SAINT MEADOWS ANDREWS ORLOND BEACH, FL 32174</b>		7. Name and Address of New Registered Agent Name <b>WILLIAM P. BAY JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>1065 US 1 NORTH</b> City <b>ORLOND BEACH FL</b> Zip Code <b>32174</b>	
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: <b>8-31-005</b> <small>Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BAY, WILLIAM P., JR.</b> <b>1065 NORTH U.S. 1</b> <b>ORLOND BEACH, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 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:  <b>WILLIAM P BAY JR</b>		Date: <b>8-31-2005</b> Daytime Phone #: <b>386-672-4627</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	