## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 22, 2004 8:00 am Secretary of State 04-22-2004 90071 002 \*\*\*\*70.00

1. Entity Name LIVING LEGENDS OF AUTO RACING, INC.									0,22					
Principal Place of Business P.O. BOX 290854 PORT ORANGE, FL 32129			P.O. Ì	Mailing Address P.O. BOX 290854 PORT ORANGE, FL 32129					<b>.</b> 18:86 mai <b>#8</b> 1	81 <b>4 8</b> 181 <b>8 8</b> 181	<b>                                    </b>	1818 :1811 BINE	f 51 <b>1</b> 11 <b>1</b>	II <b>8</b> 1 3 <b>2 6</b> 5
2. Principal Place of Business			3. Mail	3. Mailing Address										
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				04152004	Chg-NF		CR2E0	37 (10/03	;)	
City & State	<del>-</del>	Cit	City & State				4. FEI Numb 59-317				$\vdash$	<u> </u>	lied For Applicable	
Zip Country				Zip Cou			5. Certificate of Status Desired \$8.75 Add Fee Required						onal	
	6. Name	and Address of Curren	t Registere	d Agent				7. Name and	i Address o	t New R	egistered	Agent	<u>.                                      </u>	<u> </u>
FOY DAY	MOND				•	Name								
FOX, RAYMOND 1432 GOLFVIEW DR. DAYTONA BEACH, FL 32114				Street Address			ddress (F	P.O. Box Numb	er is Not Ac	ceptable	)			
•		. , .				City						Zip C	0.00	
R The above	named ontit	ty submits this statement i	for the pure	ose of changing its	rogintor	<u></u> _	r rogietar	ad agapt or ba	th in the St	ato of Elo	FL	<u>-   </u>		nd secont
		ty submits this statement in itered agent.	or the purp	ose of changing its	register	ed onice o	register	eu agent, or bo	701, III VIE SC	ale oi rio	mua. I am	rammar w	u I, ai	nd accept
SIGNATURE		MOND FO									4/1	9/04	<i>1</i> :	ار مان الاستان
	, Signature, typec	or printed name of registered ager	if and little if app	ilicable. (NOT)	: Registere	d Agent signat	ure required	when reinstating)			DATE			
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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: RAYMOND FOX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-253-7882 Daytime Phone #