# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 25, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # N93000001241

1. Entity Name
LIVING LEGENDS OF AUTO RACING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 290854<br>PORT ORANGE, FL 32129 | P.O. BOX 290854<br>PORT ORANGE, FL 32129 |

02142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-3178027
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOX, RAYMOND
1432 GOLFVIEW DR.
DAYTONA BEACH, FL 32114

**DO NOT WRITE IN THIS SPACE**

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 Ray Fox
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | VP |
| NAME | WEST, JOHN |
| STREET ADDRESS | 817 LITTLE TOWN RD. |
| CITY-ST-ZIP | PORT ORANGE, FL 32127 |
| TITLE | D |
| NAME | PEOPLES, JOHN |
| STREET ADDRESS | 19 SAN JOSE CIRCLE |
| CITY-ST-ZIP | ORMOND BEACH, FL 32176 |
| TITLE | T |
| NAME | BURDICK, DEBORAH |
| STREET ADDRESS | 344 S ATLANTIC AVE. |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32118 |
| TITLE | S |
| NAME | MANDALA, PAULETTE |
| STREET ADDRESS | 14 N VENETIAN WAY |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32127 |
| TITLE | PD |
| NAME | RAYMOND FOX |
| STREET ADDRESS | 1432 GOLF VIEW DR. |
| CITY-ST-ZIP | DAYTONA BEACH, FL |
| TITLE | D |
| NAME | EPTON, JOE |
| STREET ADDRESS | 32 NIAGRA FALLS CIRCLE |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 |

U00000243688
02/25/05-80052-006 61.25

**DO NOT WRITE IN THIS SPACE**

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:** Deborah Burdick, Pres. 2/14/05 (386)257-2828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #