


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000062750					
1. Entity Name BLACKMAN MOTOR SPEEDWAY, INC.					
Principal Place of Business 294 WEST JAMES LEE BLVD CRESTVIEW, FL 32536-3332			Mailing Address 294 WEST JAMES LEE BLVD CRESTVIEW, FL 32536-3332		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STURGEN, WILLIAM M JR 2253 COUNTRY PLACE CIRCLE PENSACOLA, FL 32534-9501			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D/P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSSELL, DOUGLAS P		NAME		
STREET ADDRESS	5316 DEL PRADO CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32571		CITY-ST-ZIP		
TITLE	D/VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNER, PATRICK L		NAME		
STREET ADDRESS	9248 STANHOPE ROAD		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP		
TITLE	D/VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSBY, JEFFREY L		NAME		
STREET ADDRESS	3926 RYINHARDT VILLAGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP		
TITLE	DS/T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILMORE, JAMES E		NAME		
STREET ADDRESS	1169 IONA LANE		STREET ADDRESS		
CITY-ST-ZIP	BAKER, FL 32531		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>James E Gilmore</u>			Date: <u>4/12/05</u>		Daytime Phone # _____



03172005 Chg-P CR2E034 (10/03)

4. FEI Number **56-2366870** Applied For Not Applicable

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

00000325612
 04/23/05-60023-000-150-00
 Change Addition