2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000020604

1. Entity Name
AMERICAN SPIRIT MOTORSPORTS, INC.

Principal Place of Business	Mailing Address
20150 INDEPENDENCE BLVD STE B GROVELAND, FL 34736	P.O.BOX 902 WINDERMERE, FL 34786 US

03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3365345
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ACKERBLOOM, THURSTON R JR.
20150 INDEPENDENCE BLVD.
STE B
GROVELAND, FL 34736

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000095264
03/24/04-80025-006 158.75

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	ACKERBLOOM, THURSTON R JR
STREET ADDRESS	P.O.B. 902
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	V/D
NAME	ACKERBLOOM, ROBERT N
STREET ADDRESS	2412 CHRISTAMMY CT.
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	ST
NAME	ACKERBLOOM, MARILINA
STREET ADDRESS	P.O.BOX 902
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3-19-04 *407-578-5690 352-429-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #