

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 154117

1. Entity Name
**NATIONAL ASSOCIATION FOR STOCK CAR AUTO
RACING, INC.**



Principal Place of Business
**POST OFFICE BOX 2875
DAYTONA BEACH, FL 32120-2875**

Mailing Address
**POST OFFICE BOX 2875
DAYTONA BEACH, FL 32120-2875**



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0579570

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARRETT, CROTTY W
1801 W. INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH, FL 32118**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FRANCE, WILLIAM C 1600 S PENINSULA DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV FRANCE, JAMES C 1147 N HALIFAX DAYTONA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLED SOE, THOMAS M 1801 INTN'L SPEEDWAY BLVD DAYTONA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS RUMERY, DORIS 1801 INTN'L SPEEDWAY BLVD DAYTONA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HELTON, MICHAEL G 1801 W. INTL SPEEDWAY DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANCE, BRIAN Z 1801 W INTL SPEEDWAY DAYTONA BEACH, FL 32114

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02/16/04-80104-004 150.00

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #