


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 727485	
1. Entity Name DAYTONA BEACH TRACK CLUB, INC.	

Principal Place of Business P O BOX 1303 DAYTONA BEACH, FL 32115	Mailing Address P.O BOX 1303 DAYTONA BEACH, FL 32115
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7398972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RICE, PAUL E J 222 SEABREEZE 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000179895 01/13/05-80036-020 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARBUCK, BUCK C 822 N. BEACH ST DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOCHENDORFER, LEONARD 3757 S. ATLANTIC AVE., #1105 DAYTONA BEACH, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WENDT, RICHARD 860 STONYBROOK CIR. PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TILLMAN, DEBRA 4 MARSH RIDGE WATCH. ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, CHRISTOPHER 116 SAWGRASS CT DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXWELL, ROB 117 ACES ALLEY PORT ORANGE, FL 32129

**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: Leonard Kochendorfer 1/14/05 386-322-0835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #