

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # J32465

1. Entity Name
OLD LAKE CITY SPEEDWAY, INC.



Principal Place of Business

76 N. CHAFFEE RD.
JACKSONVILLE, FL 32220 US

Mailing Address

76 N. CHAFFEE RD.
JACKSONVILLE, FL 32220 US



01072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2716920

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOKES, CHARLES E.
76 N. CHAFFEE RD.
JACKSONVILLE, FL 32220

**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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STOKES, CHARLES E.
STREET ADDRESS 72 N CHAFFEE RD
CITY-ST-ZIP JACKSONVILLE, FL 32220

TITLE V
NAME STOKES, JOYCE A.
STREET ADDRESS 76 N CHAFFEE RD
CITY-ST-ZIP JACKSONVILLE, FL 32220

TITLE S
NAME NARAYAL, SUSAN STOKES
STREET ADDRESS 76 N CHAFFEE RD
CITY-ST-ZIP JACKSONVILLE, FL 32220

TITLE T
NAME STOKES, CHARLES A
STREET ADDRESS 11040 W. BEAVER ST
CITY-ST-ZIP JACKSONVILLE, FL 32220

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000385314
01/18/06-80012-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1-10-06

Date

Daytime Phone #