

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K00669

FILED  
Oct 20, 2004  
Secretary of State

Entity Name: CHARLOTTE COUNTY SPEEDWAY, INC.

**Current Principal Place of Business:**

8655 PIPER RD  
PUNTA GORDA, FL 339822447

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 38-1084  
MURDOCK, FL 339381084

**New Mailing Address:**

FEI Number: 65-0233625

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JESSE, DAVIDSON L  
20295 LORENZO AVENUE  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDC ( ) Delete  
Name: DAVIDSON, JESSE L  
Address: 20295 LORENZO AVE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: STD ( ) Delete  
Name: BENSON, MARY E  
Address: 18375 TEMPLE AVE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VPD ( ) Delete  
Name: MITTON, ROBERT  
Address: 4100 73RD ST N  
City-St-Zip: SAINT PETERSBURG, FL 33709

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY E. BENSON

STD

10/20/2004

Electronic Signature of Signing Officer or Director

Date