

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L81190

Entity Name: INDICAR OF DAYTONA, INC.

FILED
Mar 14, 2008
Secretary of State

Current Principal Place of Business:

510 N. NOVA ROAD
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

510 N. NOVA RD
DAYTONA BCH, FL 32114 US

New Mailing Address:

FEI Number: 65-0201398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INDICOM, INC.
911 N DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168 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

OFFICERS AND DIRECTORS:

Title: PD/T () Delete
Name: CONWAY, CRAIG D
Address: 510 N NOVA RD
City-St-Zip: DAYTONA BCH., FL 32114 US

Title: VD () Delete
Name: NISBETT, RICHARD
Address: 510 N NOVA ROAD
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: S () Delete
Name: NISBETT, RICHARD
Address: 510 N NOVA ROAD
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: CBOD (X) Delete
Name: CONWAY, JAMES D
Address: 60 LANTON ROAD
City-St-Zip: GLASGOW, SC G432SR UK

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CRAIG D CONWAY

PD/T

03/14/2008

Electronic Signature of Signing Officer or Director

Date