

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90138 003 ***150.00

DOCUMENT # M97913 1. Entity Name GRAN PRIX DAYTONA, INC.					
Principal Place of Business % G. LARRY SIMS 501 N. GRANDVIEW DR. DAYTONA BEACH, FL 32118 US				Mailing Address PO DRAWER 265669 DAYTONA BEACH, FL 32126 US	
2. Principal Place of Business 1065 US 1 NORTH		3. Mailing Address 1065 US 1 NORTH #			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06062005 Chg-P CR2E034 (10/03)	
City & State ORMOND BEACH FL		City & State ORMOND BEACH FL		4. FEI Number 59-1260563	
Zip 32174		Country FLORIDA		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 BAY, WILLIAM P 46 S SAINT MEADOWS ANDREWS ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent Name WILLIAM P. BAY JR Street Address (P.O. Box Number is Not Acceptable) 1065 US 1 NORTH City ORMOND BEACH FL Zip Code 32174		
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:  DATE: 8-31-005 <small>Signature, word or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAY, WILLIAM P., JR. 1065 NORTH U.S. 1 ORMOND BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  WILLIAM P BAY JR			Date 8-31-2005 Daytime Phone # 386-672-4627		