

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003144

FILED
Aug 02, 2004
Secretary of State

Entity Name: AMERICAN VETERANS MOTORSPORTS INC.

Current Principal Place of Business:

1500 OLD COLUMBIA HWY
SPACE #3
LAKE CITY, FL 32025

New Principal Place of Business:

329 SE LEHIGH LANE
LAKE CITY, FL 32025

Current Mailing Address:

PO BOX 1572
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 02-0591389 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALLEN, MICHAEL F
329 SE LEHIGH LANE
LAKE CITY, FL 32025 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: CMD () Delete
Name: ETTIS, GREGORY
Address: 1103 JAMESTOWN GLEN
City-St-Zip: LAKE CITY, FL 32025

Title: DC () Delete
Name: LAFASO, GARY
Address: RT 21 BOX 353
City-St-Zip: LAKE CITY, FL 32024

Title: DVC () Delete
Name: LAFASO, RAY
Address: RT 15 BOX 3680
City-St-Zip: LAKE CITY, FL 32024

Title: A () Delete
Name: ALLEN, MICHAEL
Address: 329 SE LEHIGH LANE
City-St-Zip: LAKE CITY, FL 32025

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ALLEN

ADJ

08/02/2004

Electronic Signature of Signing Officer or Director

_____ Date