

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003144

FILED
May 25, 2005
Secretary of State

Entity Name: AMERICAN VETERANS MOTORSPORTS INC.

Current Principal Place of Business:

329 SE LEHIGH LANE
LAKE CITY, FL 32025

New Principal Place of Business:

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

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: CMDR (X) Change () Addition
Name: LAFASO, GARY
Address: 433 FINLEY LITTLE LANE
City-St-Zip: LAKE CITY, FL 32024

Title: DCMD (X) Change () Addition
Name: ALLEN, MICHAEL F
Address: 329 SE LEHIGH LANE
City-St-Zip: LAKE CITY, FL 32025

Title: ADJT (X) Change () Addition
Name: LAFASO, RAY
Address: 191 SW VERNON WAY
City-St-Zip: LAKE CITY, FL 32024

Title: ADC (X) Change () Addition
Name: GRAHAM, THOMAS A
Address: 9669 SW CR240
City-St-Zip: LAKE CITY, FL 32024

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 F. ALLEN

DCMD

05/25/2005

Electronic Signature of Signing Officer or Director

Date