


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N04000006413 1. Entity Name SEFFNER'S LITTLE BRISTOL SPEEDWAY, INC.	
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Principal Place of Business 331 DR. MLK JR. BLVD. WEST SEFFNER, FL 33584	Mailing Address 331 DR. MLK JR. BLVD. WEST SEFFNER, FL 33584
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04172006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2884952	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WILKERSON, FRANK 331 DR. MARTIN LUTHER KING JR BLVD. WEST SEFFNER, FL 33584
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILKERSON, FRANK 331 DR. MARTIN LUTHER KING JR. BLVD. WEST SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCCLAIN, SANDRA 331 DR. MARTIN LUTHER KING JR. BLVD. WEST SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WILKERSON, SHEILA 331 DR. MARTIN LUTHER KING JR. BLVD. WEST SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000538128  
05/09/06-80044-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Wilkerson 4-24-06 813-6850466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #