

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N07856</b>	
1. Entity Name <b>SEBRING INTERNATIONAL RACEWAY ADVISORY COUNCIL, INC.</b>	
Principal Place of Business <b>329 SOUTH COMMERCE AVENUE C/O MICHAEL J. TROMBLEY SEBRING, FL 33870</b>	Mailing Address <b>2201 US 27 S SEBRING, FL 33870 US</b>



04282008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  <b>TROMBLEY, MICHAEL J. 329 SOUTH COMMERCE AVENUE SEBRING, FL 33870</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SCHOMMER, NICHOLAS 329 S COMMERCE AVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T KEITH, JEFF 2201 US 27 SOUTH SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S CLEVELAND, DAY 7024 CR 17 S SEBRING, FL 33876
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P LONG, TED 229 MARGARETE DR. AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

UD00000337502  
05/27/08-80052-015 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08 (863) 332-2800  
Date Daytime Phone #

JEFF S. KEITH  
TROMBLEY