


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N94000001039	
<b>1. Entity Name</b> FLORIDA MIDGET RACING ASSOCIATION, INC.	

<b>Principal Place of Business</b> 4922 18TH STREET EAST BRADENTON, FL 34203 US	<b>Mailing Address</b> 4922 18TH STREET EAST BRADENTON, FL 34203 US
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04052006 No Chg-NP CR2E037 (11/05)

<b>4. FEI Number</b> 59-3039954	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  BUSCH, KENNETH B 4922 18TH STREET EAST BRADENTON, FL 34203
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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:** *Kenneth B. Busch* **KENNETH B. BUSCH** 4.06.06  
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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		
<b>TITLE</b>	P	
<b>NAME</b>	BUSCH, KENNETH	
<b>STREET ADDRESS</b>	4922 18TH STREET EAST	
<b>CITY-ST-ZIP</b>	BRADENTON, FL 34203	
<b>TITLE</b>	VP	
<b>NAME</b>	CLOWS, LOU	
<b>STREET ADDRESS</b>	618 CATTLEMAN RD	
<b>CITY-ST-ZIP</b>	SARASOTA, FL 34232	
<b>TITLE</b>	ST	
<b>NAME</b>	ANDERSON, RO	
<b>STREET ADDRESS</b>	12411 BIGHORN CT	
<b>CITY-ST-ZIP</b>	NEW PORT RICHEY, FL 34654	
<b>TITLE</b>		
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

U00000551253  
05/13/06-80082-015 61.25

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**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:** *Kenneth B. Busch* **KENNETH B. BUSCH** 4.06.06 N.A.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #