

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90064 047 ***150.00

DOCUMENT # P00000060594

1. Entity Name
FLORIDA KARTING ASSOCIATION, INC.



Principal Place of Business
**3994 NW 36TH LOOP
JENNINGS, FL 32053**

Mailing Address
**3994 NW 36TH LOOP
JENNINGS, FL 32053**

50014654



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3660754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMS, JIMMY L
3994 NW 36TH LOOP
JENNINGS, FL 32053**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **SIMS, JIMMY L**
CITY-ST-ZIP **3994 NW 36TH LOOP
JENNINGS, FL 32053**

TITLE ☐ Change ☒ Addition
NAME **Bedenbaugh, Alan**
STREET ADDRESS **4208 85th Place**
CITY-ST-ZIP **LIVE Oak, FL. 32060**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SHEA, TOM**
CITY-ST-ZIP **8927 48TH ST.
LIVE OAK, FL 32060**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Buhr, Ronnie**
CITY-ST-ZIP **1526 Falkland Rd.
Jacksonville FL 32221**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **BEDENBAUGH, PAMELA**
CITY-ST-ZIP **4208 85TH PLACE
LIVE OAK, FL 32060**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Newton, T.J.**
CITY-ST-ZIP **136 Bird Rd
Jacksonville FL 32218**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **SIMS, JUDITH A**
CITY-ST-ZIP **3994 NW 36TH LOOP
JENNINGS, FL 32053**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Wells, Kenneth**
CITY-ST-ZIP **5071 Kingsbury St.
Jacksonville, FL. 32205**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HICKEN, DAVID**
CITY-ST-ZIP **3205 LEM TURNER RD
CALLAHAN, FL 32011**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Dunning, Carson**
CITY-ST-ZIP **2355 NE 25th Crt.
Ocala, FL. 31479**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MANSFIELD, BRIAN**
CITY-ST-ZIP **P.O.BOX 215
ODUM, GA 31555**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Harrell, Chris**
CITY-ST-ZIP **5002 Hammock Trail
Lake Park, Ga. 31636**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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

Jimmy L Sims 2/10/05 386-938-4211
Date Daytime Phone #