

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

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



01072006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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

**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 re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SIMS, JIMMY L
STREET ADDRESS	3994 NW 36TH LOOP
CITY-ST-ZIP	JENNINGS, FL 32053
TITLE	D
NAME	SHEA, TOM
STREET ADDRESS	8927 48TH ST.
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	S
NAME	BEDENBAUGH, PAMELA
STREET ADDRESS	4208 85TH PLACE
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	T
NAME	SIMS, JUDITH A
STREET ADDRESS	3994 NW 36TH LOOP
CITY-ST-ZIP	JENNINGS, FL 32053
TITLE	D
NAME	HICKEN, DAVID
STREET ADDRESS	3205 LEM TURNER RD
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	V
NAME	BEDENBAUGH, ALAN
STREET ADDRESS	4208 85TH PLACE
CITY-ST-ZIP	LIVE OAK, FL 32060

100000385385  
01/18/06-80014-015 150.00

**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 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

1-18-06 386-938-4211