

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000071888

1. Entity Name

SPEEDWAY AUTO SALES CO.



FILED

05 MAY -9 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



RESTATEMENT MOORE CR2ED034 (4/04) 04-05

Principal Place of Business
934 W. INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32114

Mailing Address
934 W. INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32114

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 290657

City & State
Port Orange, FL

Zip Country
32129-0657 Volusia

4. FEI Number 55-0838989

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OWENS, SUE A
37-TIMBER TRAIL
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

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 restating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State.

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P OWENS, SUE A 5813 BOGGSFORD RD PORT ORANGE FL 32127 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300042699393 11/12/04--01068--010 **550.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300042699393 05/19/05--01086--010 **350.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Sue A Owens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-8-04