


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P02000027755</b> 1. Entity Name <b>MOTOR SPORTS CORPORATION OF NORTH AMERICA</b>	
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Principal Place of Business <b>149 S. RIDGEWOOD AVENUE SUITE 550 DAYTONA BEACH, FL 32114</b>	Mailing Address <b>149 S. RIDGEWOOD AVENUE SUITE 550 DAYTONA BEACH, FL 32114</b>
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
**04 JUL -7 AM 9:35**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>03-0416746</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**

**GORNT0, L A JR.  
149 S. RIDGEWOOD AVENUE  
SUITE 550  
DAYTONA BEACH, FL 32114**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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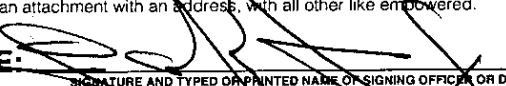
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD GORNT0, L A JR. 149 S. RIDGEWOOD AVENUE, SUITE 550 DAYTONA BEACH, FL 32114</b>
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**300038933119**  
**07/09/04--01026--001 \*\*411.25**

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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:**  **7-2-04** **386-251-1899**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**L.A. Gornto, Jr.**