## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # P03000049162** 04-30-2004 90209 045 \*\*\*150.00 MAXVILLE MOTOR SPEEDWAY, INC. Mailing Address Principal Place of Business 5576 NATHAN HALE RD. 5576 NATHAN HALE RD. JACKSONVILLE, FL 32221 JACKSONVILLE, FL 32221 2. Principal Place of Business 3. Mailing Address 6640 LEE 6640 LEE AUGNIE Suite, Apt. #, etc. Suite, Apt. #, etc 04292004 -- Chg-P -- CR2E034 (10/03) 4. FEI Number City & State Applied For Bryceville 05-0567262 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32009 NAS9N Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSIER STEVEN L. JR PADGETT, BEN D JR. Street Address (P.O. Box Number is Not Acceptable) 5576 NATHAN HALE RD. JACKSONVILLE, FL 32221 6640 LEE AVENUE Bryceville 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. 1129004 Steven L Rosier ent signature required when reinstating) 9. Election Campaign Financing \_ \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE Delete TITI F ☐ Change Addition PADGETT, BEN D JR. NAME NAME STREET ADDRESS 5576 NATHAN HALE RD. STREET ADDRESS JACKSONVILLE, FL 32221 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition ROSIER, STEVEN L JR. NAME NAME STREET ADDRESS 6640 LEE LANE :: STREET ADDRESS CITY-ST-ZIP BRYCEVILLE, FL 32009 CITY-ST-ZIP -Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS 1 " CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE त्ताः तह मा कृष् १८८४ सम्बद्धाः NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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. 4129104

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**