

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

RC 6/11

FILED

DOCUMENT # P03000151808

1. Entity Name
NASKART FAMILY RACEWAY, INC.



08 JUN 11 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5071 W IRLO BRONSON
KISSIMMEE, FL 34746

Mailing Address
400 COREY AVENUE
2ND FLOOR
ST. PETE BEACH, FL 33706



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0472552

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCNAMARA, TERRANCE P ESQ
400 COREY AVENUE
2ND FLOOR
ST PETE BEACH, FL 33706

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

500131220285

06/12/08--01001--005 **150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSV
DOWNS, TERRENCE P
1117 CR 479
LAKE PANASOFFKEE, FL 33538

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DOWNS, TERRENCE P
1117 CR 479
LAKE PANASOFFKEE, FL 33538

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

6-6-08

Date

Daytime Phone #