

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000041674

1. Entity Name
DOUG HARVEY RACING OF DELAND, INC.



Principal Place of Business
2615 SPRING VALLEY CIRCLE
DELAND, FL 32720

Mailing Address
POST OFFICE BOX 16952
JACKSONVILLE, FL 32245-6952



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0820691	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARVEY, DOUG
2615 SPRING VALLEY CIRCLE
DELAND, FL 32702

**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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-11-06

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
NAME
PVP
HARVEY, DOUG
STREET ADDRESS
2615 SPRING VALLEY CIRCLE
CITY - ST - ZIP
DELAND, FL 32720

TITLE
NAME
STD
HARVEY, DOUG
STREET ADDRESS
2615 SPRING VALLEY CIRCLE
CITY - ST - ZIP
DELAND, FL 32720

TITLE
NAME
STREET ADDRESS
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1100000508551
04/18/06-80009-009 150.00

**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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-06

Date

904-509-5007

Daytime Phone #