


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90144 009 ***150.00

DOCUMENT # P04000115337 1. Entity Name LAKE CITY SPEEDWAY, INC.					
Principal Place of Business 138 S STATE RD 415 NEW SMYMA BCH, FL 32168			Mailing Address 138 S STATE RD 415 NEW SMYMA BCH, FL 32168		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P. O. Box 1500			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State New Smyrna Beach, Florida			
Zip	Country	Zip 32170	Country Volusia	4. FEI Number 20-1465515	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fees Required	
6. Name and Address of Current Registered Agent HART, ROBERT L 138 S STATE RD 415 NEW SMYMA BCH, FL 32168			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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HART, ROBERT L 138 S STATE RD 415 NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Robert L Hart</i>			Date: 4/23/08		
ROBERT L. HART, PRESIDENT			Daytime Phone #: (386)527-6010		