

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093329

Entity Name: VOLUSIA MOTORSPORTS, INC.

FILED  
Mar 25, 2009  
Secretary of State

## Current Principal Place of Business:

1701 STATE RD 44  
NEW SMYRNA BCH, FL 32168

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 188  
NEW SMYRNA BEACH, FL 32170

## New Mailing Address:

FEI Number: 11-3754089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: PERONNARD, ERIC  
Address: 315 SWEET BAY AVE.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: STD ( ) Delete  
Name: NORDSTROM, CAROL  
Address: 315 SWEET BAY AVE.  
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: P ( ) Delete  
Name: PALLEMAERTS, ANDREW J  
Address: 1872 CREEKWATER BLVD.  
City-St-Zip: PORT ORANGE, FL 32128

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: PALLEMAERTS, ANDREW J  
Address: 1872 CREEKWATER BLVD.  
City-St-Zip: PORT ORANGE, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL NORDSTROM

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03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date