

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90223 001 ***300.00

DOCUMENT # P96000090140 1. Entity Name DOVER MOTORSPORTS, INC.			
Principal Place of Business 109 GULF BREEZE BLVD VENICE FL 34293 US		Mailing Address 109 GULF BREEZE BLVD VENICE FL 34293	
2. Principal Place of Business 5434 US Hwy 70 N		3. Mailing Address 2107 Ona Rd.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Crossville, TN		City & State Crossville, TN 38572	
Zip 38571	Country 	Zip 38572	Country
6. Name and Address of Current Registered Agent DOVER, EDWARD 109 GULF BREEZE BLVD VENICE FL 34293		7. Name and Address of New Registered Agent Name Brandon E. Dover Street Address (P.O. Box Number is Not Acceptable) 2917 Ramada Dr. Apt. 376 City Tampa FL Zip Code 33613	
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 <u>Brandon E. Dover</u> Brandon E. Dover 04/29/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 DOVER, EDWARD 109 GULF BREEZE BLVD VENICE FL 34293	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edward Dover 2107 Ona RD. Crossville, TN 38572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby 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.			
SIGNATURE: <u>Edward Dover</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/29/05 931 456-5000 <small>Date Daytime Phone #</small>	



1st MOORE CR2E034 (10/04)