2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P96000093325

	ANNUAL F	REPORT (AR		_ Jul 12, 2004 8:00 am	
DOCUMENT # P96000093325 1. Entity Name JOHNSTON MOTOR SPORTS, INC.			Secretary of State 07-12-2004 90025 033 ***550.00		
Principal Place	of Business:	Mailing Address		-	
Principal Place of Business: ; 10287 S.E. 174TH PL		Mailing Address 10287 S.E. 1.74TH PL		NAME OF THE PARTY	
SUMMERFIELD FL 34491		SUMMERFIELD FL 34491		24091919	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)	
City & State		City & State		4. FEI Number 65-0709759 Applied For Not Applicable	e
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	4
GILBERTSON, STEPHEN W C.P.A. 2200 NE 26TH ST WILTON MANORS FL 33305			Street Addre	tha Juncal EA ss (P.O. Box Number is Not Acceptable) 31 N 15 th Street FL Zip Code	
the obligati	ions of registered agent. May Lyber Granted name of registered age	cal EA.	S registered office of regi	istered agent, or both, in the State of Florida. It am familiar with, and accep	
FILE NOW!!! FEE IS \$150.00 After May 1; 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees	
10.		D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	\Box
TITLE NAME	DP JOHNSTON, DONALD E III	☐ Delete	TITLE NAME	☐ Change ☐ Additio	n
	10287 S.E. 174TH PL		STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL 34491		CITY-ST-ZIP		
TITLE	DST	☐ Delete	TITLE	☐ Change ☐ Additio	'n
NAME	JOHNSTON, DONALD E JR.		NAME		
STREET ADDRESS CITY-ST-ZIP	10287 S.E. 174TH PL SUMMERFIELD FL 34491		STREET ADDRESS CITY-ST-ZIP		
TITLE	DOMNINGTH IZED I E 04401	□ Delete	TITLE	☐ Change ☐ Additio	_
NAME		- Delete	NAME	Crisinge Addutio	"
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP		_
TITLE		☐ Delete	TITLE	Change Addition	n
name Street address			NAME STREET ADDRESS		
CITY-ST-ZIP			ÇITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	n

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE!

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

DONALD E. JOHNSTON JR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

FILED

☐ Change

☐ Addition