2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State
01-18-2005 90104 047 ***150.00

DOCUMENT # P97000095226

1. Entity Name
NEW LAKE CITY SPEEDWAY, INC.

Principal Place of Business	Mailing Address
RT 6 BOX 394C LAKE CITY, FL 32025	RT 6 BOX 394C LAKE CITY, FL 32025

01062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
287 Roxanne Ct	287 Roxanne CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake City Fl	City & State: Lake City Fl
Zip: 32025 Country: Columbia	Zip: 32025 Country: Columbia

4. FEI Number: 06-1493871 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROTEN, ROBERT
RT 6 BOX 394-C
LAKE CITY, FL 32025

7. Name and Address of New Registered Agent

Name: BroTen Robert
Street Address (P.O. Box Number is Not Acceptable): 287 Roxanne Ct
City: Lake City FL Zip Code: 32025

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: Robert Broten DATE: 01-06-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	BROTEN, ROBERT A	
STREET ADDRESS	47 FRONT ST	
CITY-ST-ZIP	NORWICH, NY 13815	
TITLE	V	☐ Delete
NAME	BROTEN, ROXANNE C	
STREET ADDRESS	RT 6 BOX 394C	
CITY-ST-ZIP	LAKE CITY, FL 32025	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Robert A. BroTen Robert Broten 01-07-05 386 754 2913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #