


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # V23640 1. Entity Name DELAWARE GENERAL CORPORATION	
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Principal Place of Business 1801 W INT DAYTONA BEACH, FL 32114	Mailing Address P O BOX 2875 DAYTONA BEACH, FL 32120-2875 US
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DO NOT WRITE IN THIS SPACE



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3113989	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCE, WILLIAM C.
1801 W INTERNATIONAL SPEEDWY BLVD
DAYTONA BEACH, FL 32114

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FRANCE, WILLIAM C. 1801 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRANCE, JAMES C. 1801 W INTERNATIONAL SPEEDAY BLVD DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SMITH, ROBERT 1801 W INTERNATIONAL SPEEDWAY BLD DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLEDSOE, THOMAS M 1801 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUMERY, DORIS I 1801 W INTERATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HELTON, MICHEAL 1801 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114

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02/16/04-80128-024 150.00

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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2/9/04 Date	386-239-2600 Daytime Phone #
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