


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90164 033 ***150.00

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| DOCUMENT # V55618 |  |
| 1. Entity Name ST. JOHNS COUNTY MOTOR SPORTS COMPLEX, INC. | |


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| Principal Place of Business 900 BIG OAK RD ST AUGUSTINE, FL 32095 US | Mailing Address 4669 AVENUE A SAINT AUGUSTINE, FL 32095 US |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01062006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3135934 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|--|---|--|
| 6. Name and Address of Current Registered Agent RICE, FREDRICK L P.A. 5611 ST. AUGUSTINE ROAD ONE INDEPENDENT DR JACKSONVILLE, FL 32207 | | 7. Name and Address of New Registered Agent Name Andrew D. Campbell Street Address (P.O. Box Number is Not Acceptable) 1435 Scott Road City Jacksonville FL Zip Code 32259 | |
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| 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  Andrew Campbell | DATE 1/6/06 |
| <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small> | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP USINA, V. J. III 1127 5TH ST ST AUGUSTINE, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

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|---|---|---------------------|--------------------------------|
| SIGNATURE:  V.J. Usina III/President 1/6/06 904-829-6727 | <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |
|---|---|---------------------|--------------------------------|