


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 8:00 am
Secretary of State

04-19-2004 90415 028 ***150.00

DOCUMENT # P03000077456
1. Corporation Name
HOUNDS-R-US RACING INC.



2. Principal Office Address
6519 CENTRAL AVE.
ST. PETERSBURG, FL 33710

3. Registered Office Address
6519 CENTRAL AVE.
ST. PETERSBURG, FL 33710

66419624



4. Corporation Number
20-0094395

5. Additional Fee Required
 \$8.75 Additional Fee Required

04162004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent
FL

8. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. \$5.00 May Be Added to Fees

10. REMOVE FROM DIRECTORY	
TITLE	P <input type="checkbox"/> Delete
NAME	STEPHAN, BRIAN
STREET ADDRESS	6519 CENTRAL AVE.
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	VD <input type="checkbox"/> Delete
NAME	DAVIS, JAMES H
STREET ADDRESS	6519 CENTRAL AVE.
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	SD <input type="checkbox"/> Delete
NAME	MEYER, WILLIAM
STREET ADDRESS	6519 CENTRAL AVE.
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	TD <input type="checkbox"/> Delete
NAME	MCCLELLAN, SEAN
STREET ADDRESS	6519 CENTRAL AVE.
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	<input type="checkbox"/> Delete
NAME	<i>DIRECTOR</i>
STREET ADDRESS	<i>RENÉE STEPHAN</i>
CITY-ST-ZIP	<i>111 West Wood Terr N</i>
	<i>ST. PETERSBURG FL 33710</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADD TO DIRECTORY FROM DIRECTORY	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief.

SIGNATURE: *[Signature]*

SIGNATURES TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR