2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 627586

FILED Feb 13, 2004 Secretary of State

Entity Name: CASCO RACING ENTERPRISES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
27 15TH	ST			
OLLY HI	ILL, FL 32117			
urrent N	Mailing Address:		New Mailing Addre	ess:
27 15TH OLLY HI	ST ILL, FL 32117			
El Number	r: 59-1959936 F	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of Cur	rent Registered Agent:	Name and Address	of New Registered Agent:
ASSATA	A, ROBERT ST			
OLLY HI	ILL, FL	mits this statement for the	purpose of changing its register	red office or registered agent, or both
OLLY HI he above the Stat	ILL, FL e named entity sub e of Florida. RE:			
OLLY HI ne above the Stat GNATU	e named entity sub e of Florida. RE: Electronic S	Signature of Registered Ag		red office or registered agent, or both, Date
OLLY HI he above the Stat IGNATU ection Ca	e named entity sub e of Florida. RE: Electronic S	Signature of Registered Agust Fund Contribution ().	ent	red office or registered agent, or both, Date GES TO OFFICERS AND DIRECTOR
OLLY HI ne above the Stat GNATU ection Ca	e named entity sub e of Florida. RE: Electronic suppaign Financing Tr	Signature of Registered Agust Fund Contribution (). RS:	ent	Date
DLLY HI ne above the Stat GNATU ection Ca FFICER le: me: dress:	e named entity subte of Florida. RE: Electronic Sumpaign Financing Trust SAND DIRECTO V () De COOK, JACK, 427 15TH ST	Signature of Registered Ag ust Fund Contribution (). RS: lete 00000,	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE M CASSATA STD 02/13/2004