

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 13, 2004
Secretary of State**

DOCUMENT# 734889

Entity Name: DAYTONA DIRT RIDERS, INC.

Current Principal Place of Business:

New Principal Place of Business:

P.O. BOX 959 N/A
HOLLY HILL, FL 32125 US

Current Mailing Address:

New Mailing Address:

P. O. BOX 250959
HOLLY HILL, FL 32125 US

FEI Number: 59-1748126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BROWN, BOB
6211 SANTA MONICA DRIVE
PORT ORANGE, FL 32127 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PETTENDER, STEVE
Address: 12 GREENFERN CR.
City-St-Zip: ORMOND, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Delete
Name: MOYER, KEVIN
Address: 616 BIG TREE RD
City-St-Zip: DAYTONA BEACH, FL 32119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: SKEENS, RICK
Address: 1461 RAELYN DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: BROWN, BOB
Address: 6211 SANTA MONICA DR
City-St-Zip: PORT ORANGE, FL 32127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: KRUPA, NICK
Address: 53701 ALCO ROAD
City-St-Zip: ASTOR, FL 32012

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Delete
Name: VOLLY, TOM
Address: 19 BROOKWOOD DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN MOYER

P

07/13/2004

Electronic Signature of Signing Officer or Director

Date