

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90004 017 ****61.25

DOCUMENT # 763969
1. Entity Name
SPACE COAST STREET RODS, INC.



Principal Place of Business Mailing Address
P.O. BOX 560101 P.O. BOX 560101
ROCKLEDGE FL 32956 ROCKLEDGE FL 32956

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
DIXON, RONALD C
2155 LOIS LANE
COCOA FL 32926

7. Name and Address of New Registered Agent
Name: PHILLIP A. BAUMBACH
Street Address (P.O. Box Number is Not Acceptable):
635 FORD CIRCLE WEST
City: MELBOURNE FL Zip Code: 32935

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: Phillip A. Baumbach PHILLIP A. BAUMBACH PD DATE: 3/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: VPD NAME: HEGI, TODD STREET ADDRESS: 1320 NEWFOUND HALBER DR CITY-ST-ZIP: MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: DIXON, RONALD STREET ADDRESS: 2155 LOIS LANE CITY-ST-ZIP: COCOA FL 32926	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: DIXON, LOIS D STREET ADDRESS: 2155 LOIS LANE CITY-ST-ZIP: COCOA FL 32926	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: PAUL, JOSEPH STREET ADDRESS: 1307 HUNTINGTON LANE CITY-ST-ZIP: ROCKLEDGE FL 32955	<input checked="" type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD NAME: Phillip A Baumbach STREET ADDRESS: 635 Ford Cir W CITY-ST-ZIP: Melbourne, FL 32935-3971	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: DAVE MCPHERSON STREET ADDRESS: 630 JACKSON CT. CITY-ST-ZIP: SATELLITE BEACH, FL. 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: CLYDE ALDRIDGE STREET ADDRESS: 25448 BARTHOLOMEW ST. CITY-ST-ZIP: CHRISTMAS, FL. 32709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: GRACE CAREY STREET ADDRESS: 2980 PENNSYLVANIA ST. CITY-ST-ZIP: WEST MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 617, 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: Phillip A. Baumbach PHILLIP A. BAUMBACH PD Date: 3/22/04 Daytime Phone #: 321-863-5881