

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000000222

1. Entity Name
DUPONT HORSE RACING INC.



Principal Place of Business
**R.R. #2 BOX 5A
DUPONT DRIVE
COLEBROOK, NH 03576**

Mailing Address
**R.R. #2 BOX 5A
DUPONT DRIVE
COLEBROOK, NH 03576**



03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0516644

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DUPONT, MARIE
3322 N.W. 67TH STREET
COCONUT CREEK, FL 33073**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DUPONT, ROLAND
STREET ADDRESS	PO BOX 57
CITY - ST - ZIP	CANAAN, VT
TITLE	VSTD
NAME	GILBERT, LINDA M
STREET ADDRESS	RR #2 BOX 5A, DUPONT DRIVE
CITY - ST - ZIP	COLEBROOK, NH
TITLE	V
NAME	CLOUTIER, MARLENE
STREET ADDRESS	PO BOX 401 ROUTE 3
CITY - ST - ZIP	NORTH STRATFORD, NH
TITLE	D
NAME	DUPONT, ALAIN C
STREET ADDRESS	PO BOX 315
CITY - ST - ZIP	WILLISTON, VT
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/08/04-80152-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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.

SIGNATURE:

Linda M. Gilbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA M. GILBERT

3/4/04

Date

802-266-8875

Daytime Phone #