


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90088 049 \*\*\*150.00

<b>DOCUMENT # F01000000222</b> 1. Entity Name <b>DUPONT HORSE RACING INC.</b>					
Principal Place of Business <b>R.R. #2 BOX 5A DUPONT DRIVE COLEBROOK, NH 03576</b>			Mailing Address <b>R.R. #2 BOX 5A DUPONT DRIVE COLEBROOK, NH 03576</b>		
2. Principal Place of Business <b>744 U.S. ROUTE 3 Suite, Apt. #, etc. COLUMBIA NH</b>		3. Mailing Address <b>P.O. Box 268 Suite, Apt. #, etc.</b>			
City & State <b>COLUMBIA NH</b>		City & State <b>COLEBROOK NH</b>		4. FEI Number <b>02-0516644</b>	
Zip <b>03590</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DUPONT, MARIE 3322 N.W. 67TH STREET COCONUT CREEK, FL 33073</b>		7. Name and Address of New Registered Agent Name <b>DUPONT, MARIE</b> Street Address (P.O. Box Number is Not Acceptable) <b>2749 A ROAD LOXAHATCHEE</b> City <b>FL</b> Zip Code <b>33470</b>			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUPONT, ROLAND PO BOX 57 CANAAN, VT	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GILBERT, LINDA M RR #2 BOX 5A, DUPONT DRIVE COLEBROOK, NH	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLOUTIER, MARLENE PO BOX 401 ROUTE 3 NORTH STRATFORD, NH	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPONT, ALAIN C PO BOX 315 WILLISTON, VT	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 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: <b>Linda M. Gilbert</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3/30/05</b> Daytime Phone # _____			

**50033302**



03302005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable