


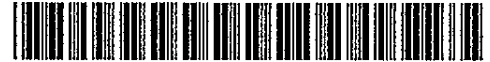
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000003397	
1. Entity Name STREETROD PRODUCTIONS, INC.	

Principal Place of Business 809 S FRONT STREET MONTEZUMA, IA 50171	Mailing Address 809 S FRONT STREET MONTEZUMA, IA 50171
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DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1442665	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C & D GOLF CARTS, INC. 108 A PLANTATION DRIVE TITUSVILLE, FL 32780

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000128228 04/26/04-80027-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SCHMIDT, CRAIG 809 S. FRONT ST. MONTEZUMA, IA 50171
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCHMIDT, CYNTHIA 809 S. FRONT ST. MONTEZUMA, IA 50171
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCHMIDT, CYNTHIA 809 S. FRONT ST. MONTEZUMA, IA 50171
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Cindy Schmidt Cindy Schmidt 4/26/04 (641)-623-5201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #