

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90681 016 ***150.00



DOCUMENT # L08512

1: Entity Name

RACEWARE U.S.A., INCORPORATED

Principal Place of Business 223 ALTAMONTE COMMERCE BLVD. STE. 1036 ALTAMONTE SPRINGS FL 32714-2550 US	Mailing Address 223 ALTAMONTE COMMERCE BLVD SUITE 1306 ALTAMONTE SPRINGS FL 32714-2550 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

4. FEI Number 59-2965094	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
AMES, GERALD E.
223 ALTAMONTE COMMERCE BLVD.
SUITE 1306
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State.

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	AMES, GERALD E.
STREET ADDRESS	326 NEW WATERFORD PL
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <input type="checkbox"/> Delete
NAME	AMES, SANDRA K.
STREET ADDRESS	326 NEW WATERFORD PL
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <input type="checkbox"/> Delete
NAME	AMES, MICHAEL J.
STREET ADDRESS	243 FOXCHASE POINT
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <input type="checkbox"/> Delete
NAME	NELSON, CRAIG M.
STREET ADDRESS	190 E. ST. CHARLES RD.
CITY-ST-ZIP	ELMHURST IL
TITLE	D <input type="checkbox"/> Delete
NAME	NELSON, LAURIE K.
STREET ADDRESS	190 E. ST. CHARLES RD.
CITY-ST-ZIP	ELMHURST IL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 or other line empowered.

SIGNATURE: *Gerald E. Ames*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04 *407-774-4006*
 Date Daytime Phone #