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

2004	NO	T-FOR	R-PRC	FIT C	CORPO	DRATI	ON
		ANN	IUAL	REPO	DRT		

DOCUMENT # N03000010534 1. Entity Name CONCH REPUBLIC OFFSHORE POWER BOAT RACING ASSOCIATION, INC.							09-09-200	•	025 ****		
500 FLEMING STREET 500			ng Address I FLEMING STREET WEST, FL 33040								
2. Principal Place of Business 3. Maili			iiling Address								
Suite, Apt. #, etc. S		Sui	uite, Apt. #, etc.			07152004	Chg-NP	CR2E0	37 (10/03)		
City & State		Cit	City & State			4. FEI Number			<u> </u>	pplied For of Applicable	
Zip	Country Zi		Zip		Cou	untry	5. Certificate o	f Status Desired		\$8.75 Add Fee Require	litional d
	6. Name	and Address of Curren	t Registere	d Agent		Name	7. Name and A	ddress of New	Registered	Agent	
HUGHES, ERICA N 500 FLEMING STREET KEY WEST, FL 33040					Street Address (P.O. Box Number is Not Acceptable)						
•						City			FL	Zip Code	e
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.										and accept	
SIGNATURE .	*										
Sidivatore.		or printed name of registered ager	and title if appl	licable. (NOTE	E: Registere	d Agent signature requir	red when reinstating)		DATE		
Filing Fee Is \$61.25 Due by September 8, 2004 9. Election Campaign File Trust Fund Contribution					\$5.00 May Be Added to Fees			k payable to tment of St			
10.		OFFICERS AND D	IRECTORS	* <u>-</u>	11.		ADDITIONS/CHA	NGES TO OFFIC	ERS AND DI	RECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D SPOTTSWOOD, WILLIAM 5 500 FLEMING STREET KEY WEST, FL 33040			☐ Delete		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D ROSSI, MARK 208 DUVAL STREET KEY WEST, FL 33040			☐ Delete		1		☐ Change			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MOORE, RANDY 3130 NORTHSIDE DRIVE KEY WEST, FL 33040			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	- 1					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	CITY	NE EET ADDRESS '-ST-ZIP				Change	Addition
12. I hereby of indicated of the corchanged,	certify that the on this repo poration or the or on an atta	e information supplied wint or supplemental report the receiver or trustee empachment with an address	th this filling is true and cowered to with all oth	does not quality for accurage and that n execute this report er like empowered.	r the exe ny signa as requi	mption stated in Stated in State in Sta	Section 119.07(3)(i) e same legal effect 17, Florida Statutes	Florida Statutes as if made under and that my nar	. I further cer coath; that I ne appears i	tify that the ir am an officer n Block 10 or	nformation or director r Block 11 if