
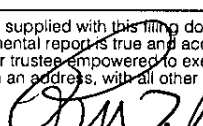


FILED
Sep 09, 2004 8:00 am
Secretary of State

<h1 style="margin: 0;">DOCUMENT # N03000010534</h1>		
1. Entity Name CONCH REPUBLIC OFFSHORE POWER BOAT RACING ASSOCIATION, INC.		
Principal Place of Business 500 FLEMING STREET KEY WEST, FL 33040		Mailing Address 500 FLEMING STREET KEY WEST, FL 33040
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
6. Name and Address of Current Registered Agent		
HUGHES, ERICA N 500 FLEMING STREET KEY WEST, FL 33040		Name
		Street Address
		City
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>		
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
10. OFFICERS AND DIRECTORS		
TITLE	P D <input type="checkbox"/> Delete	11.
NAME	SPOTTSWOOD, WILLIAM	TITLE
STREET ADDRESS	500 FLEMING STREET	NAME
CITY - ST - ZIP	KEY WEST, FL 33040	STREET ADDRESS
TITLE	VP D <input type="checkbox"/> Delete	TITLE
NAME	ROSSI, MARK	NAME
STREET ADDRESS	208 DUVAL STREET	STREET ADDRESS
CITY - ST - ZIP	KEY WEST, FL 33040	CITY - ST - ZIP
TITLE	TSD <input type="checkbox"/> Delete	TITLE
NAME	MOORE, RANDY	NAME
STREET ADDRESS	3130 NORTHSIDE DRIVE	STREET ADDRESS
CITY - ST - ZIP	KEY WEST, FL 33040	CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY - ST - ZIP		CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY - ST - ZIP		CITY - ST - ZIP
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY - ST - ZIP		CITY - ST - ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.01(1)(a) of the Florida Statutes, and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Part I, Florida Statutes, changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  Randy Moore <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		