2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90452 036 ***158.75

DOCUMENT # P00000035292

1. Entity Name
VP MOTORSPORTS, INC.

Principal Place of Business	Mailing Address
536 S BROAD STREET MASARYKTOWN, FL 34604	PO BOX 15730 BROOKSVILLE, FL 34604

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6230 Nodoc Rd	6230 Nodoc Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooksville FL	City & State: Brooksville FL
Zip 34609 Country ~~Hernan~~ USA	Zip 34609 Country USA

4. FEI Number 59-3638108 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETERS, VICTOR 3027 DUMAS AVE SPRING HILL, FL 34609	Name: Victor Peters Street Address (P.O. Box Number is Not Acceptable): 6230 Nodoc Rd City: Brooksville FL Zip Code: 34609

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: Victor Peters President 4/30/04
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PETERS, VICTOR 3027 DUMAS AVE SPRING HILL FL 34609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Peters, Victor 6230 NodOC Rd Brooksville, FL 34609 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PETERS, LAURA 3027 DUMAS AVE. SPRING HILL FL 34609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Peters, Laura 6230 NodOC Rd Brooksville, FL 34609 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Laura Peters Laura Peters 4/30/04 (352) 797-0893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #