


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000076253

1. Entity Name
SUPER STOCK RACERS, INC.



Principal Place of Business
**5209 RUTH MORRIS ROAD
 WIMAUMA, FL 33598**

Mailing Address
**5209 RUTH MORRIS ROAD
 WIMAUMA, FL 33598**

DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3675396

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HEDDLE, RICHARD
 5209 RUTH MORRIS ROAD
 WIMAUMA, FL 33598**

DO NOT WRITE IN THIS SPACE

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**

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

000000030286
 02/04/04-80104-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HEDDLE, RICHARD 5209 RUTH MORRIS ROAD WIMAUMA, FL 33598
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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)(f), 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: *Richard Heddle* Pres. 1-30-04 8133409712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #