2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2005 08:00 AM DOCUMENT # P00000076253 Secretary of State 1. Entity Name SUPER STOCK RACERS, INC. Principal Place of Business Mailing Address 520\$ RUTH MORRIS ROAD 5209 RUTH MORRIS ROAD WIMAUMA FL 33598 WIMAUMA FL 33598 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3675396 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEDDLE, RICHARD Street Address (P.O. Box Number is Not Acceptable) 5209 RUTH MORRIS ROAD WIMAUMA FL 33598 City 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 (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and little if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD DILE Delete HILE ☐ Change ☐ Addition NAME HEDDLE, RICHARD NAME 100000233664 STREET ADDRESS 5209 RUTH MORRIS ROAD STREET ADDRESS 02/17/05-80052-018 150.00 CITY-ST-ZIP WIMAUMA FL 33598 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP THE Delete HITE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP THE Delete 3411 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition EUTLE ☐ Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 A) other like empowered.

SIGNATURE:

LAND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-03

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FILED