2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000113569

1. Entity Name
OUTLAW MODIFTED RACING SERIES, INC.

Principal Place of Business	Mailing Address
6901 PLUMOSA LN FT PIERCE, FL 34951	6901 PLUMOSA LN FT PIERCE, FL 34951

DO NOT WRITE IN THIS SPACE

05032004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1073021	Not Applicable

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

6. Name and Address of Current Registered Agent

SHERAR, CRAIG Z
2701 S BAYSHORE DR STE 605
COCONUT GROVE, FL 33133

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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 $550.00
Due by September 8, 2004

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

U000000157398
05/06/04--80025-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BRIGHAM, STEPHEN V
STREET ADDRESS	6901 PLUMOSA LN
CITY-ST-ZIP	FT PIERCE, FL 34951
TITLE	DST
NAME	BRIGHAM, MARY
STREET ADDRESS	6901 PLUMOSA LN
CITY-ST-ZIP	FT PIERCE, FL 34951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   6/24/04   772-528-3220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #