


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000029421	
1. Entity Name HELLYER & SONS RACING, INC.	

Principal Place of Business 3754 SR 44 NEW SMYRNA BEACH FL 32168	Mailing Address 3754 SR 44 NEW SMYRNA BEACH FL 32168
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite Apt #, etc.	Suite Apt #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3589601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BENJAMIN, CLIFFORD H JR
739 MASON AVE
DAYTONA BEACH FL 32117**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P O Box Number is Not Acceptable) _____
 City _____ **FL** 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 remaining) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 P	<input type="checkbox"/> Delete
NAME HELLYER, JUDY	
STREET ADDRESS 3754 ST 44	
CITY, ST, ZIP NEW SMYRNA BEACH FL 32168	
TITLE V	<input type="checkbox"/> Delete
NAME HELLYER, DONALD E	
STREET ADDRESS 3754 ST 44	
CITY, ST, ZIP NEW SMYRNA BEACH FL 32168	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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: Judy Hellyer Judy Hellyer 1-24-05 386-427-8024
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)