


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3589601 <input type="checkbox"/> Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BENJAMIN, CLIFFORD H JR 739 MASON AVE DAYTONA BEACH FL 32117			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 reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May 1 Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	HELLYER, JUDY	NAME			
STREET ADDRESS	3754 ST 44	STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE			
NAME	HELLYER, DONALD E	NAME			
STREET ADDRESS	3754 ST 44	STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			



1st MOORE CR2E034 (10/05)

4. FEI Number **59-3589601** Applied For
Not Applicable

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL
	Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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9. Election Campaign Financing **\$5.00** May 1
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 L. Hellyer Judy L. Hellyer 2-1-06 427-8021 (386)