2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000029421 1. Entity Namo HELLYER & SONS RACING, INC.					Feb 22, 2007 08:00 AN Secretary of State				
Principal Place of Business Mailing Address 3754 SR 44									
2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.					15	st MOORE	CR2E034	(10/06)	
City & State NEW Smurna BCh TD. City & Stato						59-358960	}		oplied For
Zip Country Zip Country 32168 VULVSIA				try		o of Slatus Desired	□ F	8.75 Add ee Require	
6. Name and Address of Current Registered Agent					7. Name and	d Address of New R	egistered A	gent	
BENJAMIN, CLIFFORD H JR 739 MASON AVE				Name Street Address (P.O. Box Number is Not Acceptable)					
DAYTONA BEACH FL 32117									
				City			FL	Zip Cod	.e
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 Signature, typed or printed name of registered agent and title inapplicable. (NOTE: Registered Agent signature required when remaining) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						9. Election Campa Trust Fund Cont			00 May Be ed to Fees
10.	OFFICERS AND D		11.		ADDITIONS	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
NAME NAME STREET ADDRESS CITY: ST-ZIP	P HELLYER, JUDY 3754 ST 44 NEW SMYRNA BEACH FL 32168	□ Defete				U0000064 _03/01/02-20	2997	□ Change	Addition
NAME	V HELLYER, DONALD E	☐ Delete	THT MAN			- <u>Azkatvut zö</u> ü	***	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	NEW ONWEND DEACHER COLOR		ET ADDRESS - ST- ZIP	 					
THUE NAME.		☐ Defete						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		·		ET ADDIESS ST-ZIP	. •-				
NAME. STREET ADDRESS CITY-ST-ZIP		☐ Delete		LI ADDNESS -S]-71P				☐ Change	☐ Addition :
THE NAME. STREET ADDRESS CITY-ST-ZIP		☐ Defete		ET ADDRESS SI-7IP				☐ Change	Addition
TITLE NAMI. STREET ADDRESS CHY: ST-ZIP		□ Delele	CITY-	TT ADDRESS ST-7IP				☐ Change	☐ Addition
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 eath; that I am an officer or director of the corporation or the recover 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.									

FILED

SIGNATURE: July L. Hellyw Judy L. Hellyer 7-20-07 386-427-802