


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91231 030 \*\*\*150.00

**DOCUMENT # P03000069789**

1. Entity Name  
**AMERICAN MUSCLE & SPEED, INC.**



Principal Place of Business      Mailing Address


**624 SOUTH DILLARD SREET  
WINTER GARDEN, FL 34787**      **624 SOUTH DILLARD SREET  
WINTER GARDEN, FL 34787**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04272004      Chg-P      CR2E034 (10/03)

4. FEI Number  
**20-0045311**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HODGES, DALE  
624 SOUTH DILLARD STREET  
WINTER GARDEN, FL 34787**

**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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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<br><b>P</b>          | <input type="checkbox"/> Delete<br><b>HODGES, DALE</b><br>STREET ADDRESS<br><b>14205 COUNRTY ESTATE DRIVE</b><br>CITY-ST-ZIP<br><b>WINTER GARDEN, FL 34787</b>  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br><b>VP</b>         | <input type="checkbox"/> Delete<br><b>DAVID, ART</b><br>STREET ADDRESS<br><b>14138 LAKE TILDEN BLVD</b><br>CITY-ST-ZIP<br><b>WINTER GARDEN, FL 34787</b>        | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br><b>S/T</b>        | <input type="checkbox"/> Delete<br><b>HODGES, DONNA</b><br>STREET ADDRESS<br><b>14205 COUNRTY ESTATE DRIVE</b><br>CITY-ST-ZIP<br><b>WINTER GARDEN, FL 34787</b> | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br><b>D</b>          | <input type="checkbox"/> Delete<br><b>DAVID, PAULINE</b><br>STREET ADDRESS<br><b>14138 LAKE TILDEN BLVD</b><br>CITY-ST-ZIP<br><b>WINTER GARDEN, FL 34787</b>    | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE                      | <input type="checkbox"/> Delete   | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |

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: Donna Hodges      Donna Hodges S/T      4.29.04      407.656-3936

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