2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/5/

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-05-2004 90004 028 ***150.00

DOCUMENT # P03000083535

1. Entity Name

A & M MOTORSPORTS INC.

66432165

Principal Place of Business	Mailing Address
7339 WINDOVER WAY TITUSVILLE FL 32780	7339 WINDOVER WAY TITUSVILLE FL 32780

2. Principal Place of Business	3. Mailing Address
7339 WINDOVER WAY	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
TITUSVILLE FL.	
City & State	City & State
32780	
Zip / Country: 32780 / BREVARD	Zip / Country

MOORE CR2E034 (4/04)

16-1676755

4. FEI Number: 003898431 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATTHEUS, JAMES E 7339 WINDOVER WAY TITUSVILLE FL 32780	Name: JAMES MATTHEUS Street Address (P.O. Box Number is Not Acceptable): 7339 WINDOVER WAY City: TITUSVILLE FL State: FL Zip Code: 32780

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: JAMES E. MATTHEUS — 8-1-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☑

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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MATTHEUS, JAMES E	NAME	
STREET ADDRESS	7339 WINDOVER WAY	STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALLNUT, GENE R	NAME	
STREET ADDRESS	1481 HOLLAMAN ST NW	STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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 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: James E Matthe — 8-1-04 — 861-5594

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