2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

of the corporation or the receiver of changed, or on an attachment with

SIGNATURE

Aug 20, 2004 8:00 am Secretary of State **DOCUMENT # P03000085832** 1. Entity Name 08-20-2004 90004 043 ***550.00 ARSENAL PRO RACING, INC. Mailing Address Principal Place of Business 725 ATLANTIC BOULEVARD 725 ATLANTIC BOULEVARD **ATLANTIC BEACH FL 32233** ATLANTIC BEACH FL 32233 2. Principal Place of Business 3. Mailing Address Suite: Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) Applied For City & State City & State 4. FEI Number 56-2381145 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCUE, CHARLES R 1908 THIRD ST Address (P.Q. Box Number is Not Acq **NEPTUNE BCH FL 32266** 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, 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 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **DPST** TITLE ☐ Delete DT! F Addition MCCUE, CHARLES R NAME NAME STREET ADDRESS 1908 THIRD ST STREET ADDRESS CITY-ST-ZIP NEPTUNE BCH FL 32266 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 ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE 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-7IP CITY-ST-ZIP 12. Thereby 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

supplied with this filling does not quality for the exemption stated in Section 1130 (6)0), contral statutos. Find the contral and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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

FILED