


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90033 011 ***150.00

DOCUMENT # P03000089342					
1. Entity Name BNB RACING, INC.					
Principal Place of Business 9050 JACARANDA LANE UNIT 4 PLANTATION FL 33324			Mailing Address 9050 JACARANDA LANE UNIT 4 PLANTATION FL 33324		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent WATERS, GORDY W Nelson, Kevin 501 E. KENNEDY BLVD. SUITE 1700 TAMPA FL 33602			7. Name and Address of New Registered Agent Name <u>Michael Brock</u> Street Address (P.O. Box Number is Not Acceptable) <u>9050 Jacaranda Lane Unit 4</u> City <u>Plantation</u> FL Zip Code <u>33324</u>		
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 <u>Michael E Brock</u> <u>MICHAEL E BROCK</u> <u>3/30/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <u>Treasurer</u> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROCK, MICHAEL		NAME		
STREET ADDRESS	9050 JACARANDA LANE UNIT 4		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP		
TITLE	D <u>President</u> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROCK, WILLIAM		NAME		
STREET ADDRESS	610 CARNATION DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CLARKS SUMMIT PA 18411		CITY-ST-ZIP		
TITLE	D <u>Secretary</u> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAPOLITANO, ROBERT		NAME		
STREET ADDRESS	14980 OLDGATE PLACE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Michael E Brock</u> <u>MICHAEL E BROCK</u> <u>3/30/04</u> <u>954 4739117</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



MOORE CR2E034 (11/03)