

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90214 001 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000135245			
1. Entity Name PALM BEACH GRAND PRIX, INC.			
Principal Place of Business 315 S DIXIE HWY STE 103 W PALM BCH, FL 33401		Mailing Address 315 S DIXIE HWY STE 103 W PALM BCH, FL 33401	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number <i>Applied For</i>		Applied For	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRASKER, PAUL A ESQUIRE 625 N FLAGLER DR 9 FLR W PALM BCH, FL 33401		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		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 _____ <small>Sign in ink, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when re-registering)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILMERING, N. KENT	NAME	
STREET ADDRESS	315 S DIXIE HWY STE 103	STREET ADDRESS	
CITY-STATE-ZIP	W PALM BCH, FL 33401	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOECKER, JOHN	NAME	
STREET ADDRESS	315 S DIXIE HWY STE 103	STREET ADDRESS	
CITY-STATE-ZIP	W PALM BCH, FL 33401	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-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 officers empowered.			
SIGNATURE: <i>N. Kent Wilmering</i> 4/23/04 561-586-8353 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

BRIDGE SHOPPS, INC.
P.O. BOX 2011
WEST PALM BEACH, FL 33402

1088

4/23/04
Date

63-607870

Pay to the Order of Florida Department of State \$ 150.00

One Hundred Fifty + no/100 Dollars

SUNTRUST

SunTrust Bank
For #P03000135245 *2004 Annual Report*

Annelle Miller

⑆067006076⑆0391006515337⑆ 1088