

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P92000012393

1. Entity Name  
KATHY P. MONGEON RACING, INC.



Principal Place of Business  
1611 N 29TH CT  
HOLLYWOOD, FL 33020

Mailing Address  
1611 N 29TH CT  
HOLLYWOOD, FL 33020

**FILED  
Apr 26, 2004 08:00 AM  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**

04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0396506	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONGEON, KATHY P  
1611 N. 29TH CT.  
HOLLYWOOD, FL 33020

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renaming)

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

TITLE	P
NAME	MONGEON, KATHY P
STREET ADDRESS	1611 N 29TH CT
CITY-ST-ZIP	HOLLYWOOD, FL 33020

U000000131346  
04/26/04-80149-025 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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: *Kathy P. Mongeon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-646-9860