

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000005523</b>			
1. Entity Name COPE RACING, INCORPORATED			
Principal Place of Business 4935 KIM LN FT MYERS, FL 33905	Mailing Address 4935 KIM LN FT MYERS, FL 33905		
<b>DO NOT WRITE IN THIS SPACE</b>			
		01062004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0385777	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
5. Name and Address of Current Registered Agent		<b>DO NOT WRITE IN THIS SPACE</b>	
SIDES, JIM T. 2167 W LAKEVIEW BLVD FT MYERS, FL 33903			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U000000703161 01/13/04-80044-005 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COPE, GREGORY P 4935 KIM LN FT MYERS, FL 33905		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM SIDES, JIM T. 2167 W LAKEVIEW BLVD NORTH FT. MYERS, FL 33903		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS 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>Jim T. Sides</u> JIM T. SIDES		1/7/04	239-332-1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #