

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

**DOCUMENT # P94000082285**

1. Entity Name  
**S & J RACING, INC.**



Principal Place of Business  
**102 BUCKSKIN LANE  
ORMOND BEACH, FL 32174**

Mailing Address  
**102 BUCKSKIN LANE  
ORMOND BEACH, FL 32174**

**DO NOT WRITE IN THIS SPACE**



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3281638**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**QUANDT-FREW, SABINA  
102 BUCKSKIN LANE  
ORMOND BEACH, FL 32174**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREW, JOHN 102 BUCKSKIN LANE ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST QUANDT-FREW, SABINA 102 BUCKSKIN LANE ORMOND BEACH, FL
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000000096868  
03/26/04-80015-016 150.00

**DO NOT WRITE  
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)(f), 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:** *John Frew*  
**John Frew**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/04 (386) 672-8329**  
Date Daytime Phone #