2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 20, 2004 08:00 AM Secretary of State **DOCUMENT # P97000043541** WHITE KNUCKLES RACING, INC. Principal Place of Business Mailing Address 1616 SW 91ST ST 1616 SW 91ST ST GAINESVILLE, FL 32607 GAINESVILLE, FL 32607 04182004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3448691 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent TEDDER, GENE P DO NOT WRITE 1616 SW 91ST ST GAINESVILLE, FL 32607 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 Stip if applicable. (NOTE: Registored Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD THE TEDDER, GENE P NAME **1616 SW 91ST STREET** STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32607 U00000121427 84/20/04-80052-003 150.00 រធា F NAME STREET ADDRESS C3TY-S7-Z3P TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST-7P IN THIS SPACE TITLE MALKE STREET ADDRESS C3TY - S7 - 73P TITLE MAME STREET ADDRESS CITY -ST - ZIP

12. I hereby certify that the information supplied with this filling 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 bustee 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gene P. Tedder

04/19/2004

352-332-4150

Daytime Phone #