2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000008395

1. Entity Name
CHAMPION RACING HEADS, INC.

54009826

Principal Place of Business	Mailing Address
13 HARGROVE GRADE PALM COAST, FL 32137-5114	13 HARGROVE GRADE PALM COAST, FL 32137-5114 US

01202004   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number
59-3498988
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAVY, BENJAMIN
2825 N. OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136

7. Name and Address of New Registered Agent

Name: SAVY, BENJAMIN

Street Address (P.O. Box Number is Not Acceptable)

25 PINE CONE DRIVE, SUITE 2A

City: PALM COAST   FL   Zip Code: 32164

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 $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ALLEN, THOMAS R STREET ADDRESS 950 ALCALA DR CITY-ST-ZIP SAINT AUGUSTINE, FL 32086	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME STEVERNAGUL, WILLIAM D STREET ADDRESS 4047 N CHINOOK LANE CITY-ST-ZIP ORMOND BEACH, FL 32174	☐ Delete	TITLE VP NAME STEVERNAGEL, WILLIAM STREET ADDRESS 25 STALLION WAY CITY-ST-ZIP ORMOND BCH FL 32174	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____   2/20/04   386-446-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #