


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000014249  
1. Entity Name  
THE RACE PLACE, INC.



Principal Place of Business      Mailing Address  
1120 DERBYSHIRE      1120 DERBYSHIRE  
HOLLY HILL, FL 32117      HOLLY HILL, FL 32117

**DO NOT WRITE IN THIS SPACE**



04292004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-3499134	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
FLASSIG, GERALD  
1120 DERBYSHIRE  
HOLLY HILL, FL 32117

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY - ST - ZIP	PVPT FLASSIG, GERALD M 1120 DERBYSHIRE HOLLY HILL, FL 32117
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11100147978  
9504704-90129-001 150.00

**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)(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: *Gerald Flassig*      4/29/04 386 238-0845  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Us/State Phone #