


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91049 042 ***158.75

DOCUMENT # S38925
1. Entity Name
DOKKEN MOTORSPORTS, INC.



Principal Place of Business Mailing Address
400-C DOUGLAS ROAD EAST P.O. BOX 14458
OLDSMAR FL 34677 CLEARWATER FL 33766

2. Principal Place of Business 3. Mailing Address
1400 NO. Hercules Ave
Suite, Apt. #, etc. 33765 Suite, Apt. #, etc.

City & State City & State
Clearwater, FL 33765
Zip Country Zip Country
33765 Pinellas

4. FEI Number **59-3057862** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional
Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
DOKKEN, WAYNE
400-C DOUGLAS ROAD EAST
OLDSMAR FL 34677

7. Name and Address of New Registered Agent
Name **WAYNE-DOKKEN**
Street Address (P.O. Box Number is Not Acceptable)
1400 NO. Hercules Ave
City **Clearwater** FL Zip Code **33765**

B. 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 *Wayne Dikken* **WAYNE DOKKEN (PRESIDENT)** DATE **4/27/2004**
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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOKKEN, WAYNE	
STREET ADDRESS	400-C DOUGLAS RD. EAST	
CITY-ST-ZIP	OLDSMAR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOKKEN, WAYNE	
STREET ADDRESS	1400 NO. Hercules Ave	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Wayne Dikken* **WAYNE DOKKEN (PRESIDENT)** DATE **4/27/2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #