2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S59051

1. Entity Name
BENCH RACERS, INC.

Principal Place of Business	Mailing Address
712 N BEACH ST DAYTONA BEACH, FL 32114	712 N BEACH ST DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE

01122005   No Chg-P   CR2E034 (10/03)

4. FEI Number
59-3072456

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILT, RAY E.
712 N BEACH ST
DAYTONA BEACH, FL 32114

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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, 2005 Fee will be $550.00

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

U000000188734
01/24/05-80066-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILT, RAY E.
STREET ADDRESS	699 FERNCLIFF DR.
CITY-ST-ZIP	PORT ORANGE, FL
TITLE	ST
NAME	WILT, BARBARA A.
STREET ADDRESS	699 FERNCLIFF DR.
CITY-ST-ZIP	PORT ORANGE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _Ray E. Wilt_   RAY E. Wilt   1-19-05   386-255-4255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #