

2007

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000058749

1. Entity Name

RACE-IN CORP.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY 23 AM 8:35

Principal Place of Business

300 E. NINE MILE ROAD
PENSACOLA FL 32514

Mailing Address

300 E. NINE MILE ROAD
PENSACOLA FL 32514

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number 59-3465747

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PITTS, BILLY JOE
300 E. NINE MILE ROAD
PENSACOLA FL 32514

7. Name and Address of New Registered Agent

Name PITTS, Billy Joe
Street Address (P.O. Box Number is Not Acceptable)
2000 LANSING DR.
PENSACOLA, FL 32504
City FL Zip Code

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

BILLY JOE PITTS - PD.

4/27/07

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME PITTS, BILLY JOE
STREET ADDRESS 300 E. NINE MILE ROAD
CITY-ST-ZIP PENSACOLA FL 32514

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME PITTS, BILLY JOE
STREET ADDRESS 2000 LANSING DR.
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

BILLY JOE PITTS

4/27/07

850 261 2729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #