## 2007 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Apr 25, 2007 08:00 Al Secretary of State **DOCUMENT #670433** 1. Entity Name FLORIDA RACE CAR PRODUCTS, INC. Mailing Address Principal Place of Business 239 SW BLUEBERRY PLACE 239 SW BLUEBERRY PLACE LAKE CITY, FL 32024 LAKE CITY, FL 32024 No Chg-P CR2E034 (11/05) 03282007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2009008 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ASHLEMAN, ALBERT RAY DO NOT WRITE 239 SW BLUEBERRY PLACE LAKE CITY, FL 32024 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorithms required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, PTS MLE ASHLEMAN, ALBERT R NAME 239 SW BLUEBERRY PLACE STREET ADDRESS CITY-ST-ZIP LAKE CITY, FL 32024 TITLE U000000731684 NAME 05/09/07/80015-011 150.DO STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS