

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # F04000002986

1. Entity Name
SKINNER PERFORMANCE MOTORSPORTS, INC.



Principal Place of Business
**221 CESSNA BLVD.
PORT ORANGE, FL 32128**

Mailing Address
**221 CESSNA BLVD.
PORT ORANGE, FL 32128**



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1996220

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SKINNER, MICHAEL C
221 CESSNA BLVD.
PORT ORANGE, FL 32128**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office of 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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**PD
SKINNER, MICHAEL C
221 CESSNA BLVD.
PORT ORANGE, FL 32128**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SKINNER, ANGELA M
221 CESSNA BLVD.
PORT ORANGE, FL 32128**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000426444
02/20/06-80044-005 150.00

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IN THIS SPACE**

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, name, or all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #