


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000000405 1. Entity Name KEITH EICKERT PERFORMANCE PRODUCTS INC.	
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Principal Place of Business 5725 REDWOOD DR ROHNERT PK, CA 94928	Mailing Address 5725 REDWOOD DR ROHNERT PK, CA 94928
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05202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2091418	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PRICE, SCOTT
11 INDUSTRY DR
PALM COAST, FL 32137**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRICE, SCOTT 5725 REDWOOD DR ROHNERT PK, CA 94928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAYS, MICHAEL 5725 REDWOOD DR ROHNERT PK, CA 94928
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08/04/09-80067-020-150.00

**DO NOT WRITE
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, with all other like empowered.

SIGNATURE: *Michael Mays*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/08 707.585.9871
Date Daytime Phone #