


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000007045	
1. Entity Name AFTERSHOCK RACING, INC.	
	
Principal Place of Business 3740 LEI DR. SARASOTA, FL 34232	Mailing Address 3740 LEI DR. SARASOTA, FL 34232



07262006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3143397	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**VANDERGAAG, REBECCA
3740 LEI DR.
SARASOTA, FL 34232**

**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 _____

**Filing Fee is \$61.25
Due by September 8, 2006**

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

U000000573754
08/07/06-80010-007 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANDERGAAG, REBECCA 3740 LEI DR. SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIKE, KATHRYN 2126 ROSELAWN ST. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARSHALL, JULAI 2728 SYDELLE ST. SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BYWATERS, CLYDE 2525 EAST AVE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 617, 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: *Rebecca VanderGaag* **7/31/06** **941-371-0412**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #