2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2009
Secretary of State

DOCUMENT# N08000010159

Entity Name: GEARLINK RACING, INC.

Current Principal Place of Business:

2078 WEAVER PARK DRIVE
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2078 WEAVER PARK DRIVE
CLEARWATER, FL 33765

New Mailing Address:

5922 MAIN STREET
NEW PORT RICHEY, FL 34652

FEI Number: 26-3998299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LECZNAR, ROBERT H
5922 MAIN STREET
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	JONES, ROBERT	
Address:	2078 WEAVER PARK DRIVE	
City-St-Zip:	CLEARWATER, FL 33765	
Title:	D	( ) Delete
Name:	MAGDZIAK, MIROSLAW	
Address:	2078 WEAVER PARK DRIVE	
City-St-Zip:	CLEARWATER, FL 33765	
Title:	D	( ) Delete
Name:	ZIMLIN, JARED	
Address:	2078 WEAVER PARK DRIVE	
City-St-Zip:	CLEARWATER, FL 33765	
Title:	D	( ) Delete
Name:	QUASIUS, JAMES	
Address:	2078 WEAVER PARK DRIVE	
City-St-Zip:	CLEARWATER, FL 33765	
Title:	D	( ) Delete
Name:	LECZNAR, ROBERT H	
Address:	5922 MAIN STREET	
City-St-Zip:	NEW PORT RICHEY, FL 34652	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT H. LECZNAR O 07/17/2009
Electronic Signature of Signing Officer or Director — Date