

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90047 020 ***150.00

DOCUMENT # P00000038288					
1. Entity Name TOM PIASCIK RACING, INC.					
Principal Place of Business 200 E. MAIN ST. GENEVA, FL 32732-8903 <i>ADDRESS CHANGE</i>			Mailing Address 200 E. MAIN ST. GENEVA, FL 32732-8903 <i>ADDRESS CHANGE</i>		
2. Principal Place of Business 108 WETHERSFIELD COURT Suite, Apt. #, etc.		3. Mailing Address 108 WETHERSFIELD COURT Suite, Apt. #, etc.			
City & State DELAND, FL.		City & State DELAND, FL.		4. FEI Number 65-1000881	
Zip 32724		Country VOLUSIA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32724		Country VOLUSIA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIASCIK, THOMAS D. 200 E. MAIN ST. GENEVA, FL 32732-8903 <i>ADDRESS CHANGE</i>			7. Name and Address of New Registered Agent Name: <u>THOMAS D. PIASCIK</u> Street Address (P.O. Box Number is Not Acceptable) <u>108 WETHERSFIELD COURT</u> City <u>DELAND</u> <u>FL</u> Zip Code <u>32724</u>		
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: <u>Thomas D. Piascik</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>FEB. 21, 2005</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIASCIK, THOMAS D 200 E. MAIN ST. GENEVA, FL 32732-8903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS D. PIASCIK 108 WETHERSFIELD COURT DELAND, FL. 32724	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Thomas D. Piascik</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>FEB. 21, 2005</u> <small>Daytime Phone #</small>	

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