2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State
05-13-2004 90013 028 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000037015

1. Entity Name
RACING PERFORMANCE IN MOTION, INC.

Principal Place of Business	Mailing Address
5308 VILLAGE WAY TALLAHASSEE FL 32303	5308 VILLAGE WAY TALLAHASSEE FL 32303

2. Principal Place of Business	3. Mailing Address
5928 N. MONROE ST.	5928 N. MONROE ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FLORIDA	City & State: TALLAHASSEE, FLORIDA
Zip: 32303 Country: USA	Zip: 32303 Country: USA

4. FEI Number: 65-1181156 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GLOVER, RICHARD A 1809 MICCOSUKEE COMMONS BLVD STE 108 TALLAHASSEE FL 32308	Name: DOUGLAS D. WALKER Street Address (P.O. Box Number is Not Acceptable): 5928 N. MONROE ST. City: TALLAHASSEE FL Zip Code: 32303

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 [signature] DOUGLAS D. WALKER
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D WALKER, DOUGLAS D 833 WEST THARPE STREET TALLAHASSEE FL 32303	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS D. WALKER 5928 N. MONROE ST TALLAHASSEE FL 32303	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, MELISSA F 833 WEST THARPE STREET TALLAHASSEE FL 32303	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #