

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 03, 2006 8:00 am  
Secretary of State

04-10-2006 90330 047 \*\*\*150.00

DOCUMENT # P05000112251

1. Entity Name  
ALAN POPE PERFORMANCE PRODUCTS INC.



Principal Place of Business  
551797 US HWY 1  
SUITE B  
HILLIARD, FL 32046 US

Mailing Address  
P.O. BOX 501  
HILLIARD, FL 32046 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092006

Chg-P

CR2E034 (11/05)

4. FEI Number

04-382-5802

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

POPE, JAMIE M  
551797 US HWY 1  
SUITE B  
HILLIARD, FL 32046

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

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 P  
NAME POPE, GREGORY A  
STREET ADDRESS 551797 US HWY 1 SUITE B  
CITY-ST-ZIP HILLIARD, FL 32046

☐ Delete

☐ Change ☐ Addition

TITLE VP  
NAME POPE, JAMIE M  
STREET ADDRESS 551797 US HWY 1 SUITE B  
CITY-ST-ZIP HILLIARD, FL 32046

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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☐ Change ☐ Addition

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

Jamie M Pope