2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000009105

253 LINDA VISTA ST

DEBARY, FL 32713

Address:

City-St-Zip:

FILED Apr 21, 2009 Secretary of State

Entity Name: GROUND ZRO RACING, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
118 BONI ^T DEBARY,					
Current Mailing Address:			New Mailing Address:		
118 BONI ^T DEBARY,					
FEI Number	: 59-3505283	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
THOMAS, JOSEPH W II 950 S. WINTER PARK DRIVE SUITE 112 CASSELBERRY, FL 32707 US			BYRNES, KEITH 118 BONITA ROAD DEBARY, FL 32713	US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: KEITH BYRNES				04/21/2009	
Electronic Signature of Registered Ager			ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (BYRNES, KEIT 118 BONITA R DEBARY, FL (D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (MARINELLI, JO 253 LINDA VIS DEBARY, FL	TA ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (BYRNES, ANN 118 BONITA R DEBARY, FL	D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TD (MARINELLI, B) Delete DNNY	Title: Name:	() Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KEITH BYRNES Ρ 04/21/2009