

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90357 009 \*\*\*150.00

**DOCUMENT # P99000057085**

1. Entity Name  
**G RACING PRODUCTS, INC.**



Principal Place of Business  
**27964 GOPHER HILL RD.  
MYAKKA CITY, FL 34251**

Mailing Address  
**27964 GOPHER HILL RD.  
MYAKKA CITY, FL 34251**

40000



2. Principal Place of Business  
**27116 Gopher Hill Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**27116 Gopher Hill Rd**  
Suite, Apt. #, etc.

01172006 Chg-P CR2E034 (11/05)

City & State  
**Myakka City, FL 34251**  
Zip  
**34251**  
Country  
**Manatee**

City & State  
**Myakka City, FL**  
Zip  
**34251**  
Country  
**Manatee**

4. FEI Number  
**65-0931581**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CLARK, JULIE  
27964 GOPHER HILL RD.  
MYAKKA CITY, FL 34251**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**27116 Gopher Hill Rd**  
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 reinstating)

**Julie Clark**  
**04/14/06**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CLARK, JULIE 27964 GOPHER HILL RD MYAKKA CITY, FL 34251	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK, GARY 27964 GOPHER HILL RD MYAKKA CITY, FL 34251	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>27116 Gopher Hill Rd</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>27116 Gopher Hill Rd</b>	<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
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 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:

**Julie Clark**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/14/06** **941-322-1939**  
Date Daytime Phone #