

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S26923

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: REVOLUTION PERFORMANCE, INC.

**Current Principal Place of Business:**

P. O. BOX 840855  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 840855  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

FEI Number: 65-0257379      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIANE M. HARBECK  
18252 NW. 15 CT.  
PEMBROKE PINES, FL 33029      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GARY D. HARBECK,  
Address: 18252 N.W. 15 CT.  
City-St-Zip: PEMBROKE PINES, FL

Title: STD ( ) Delete  
Name: DIANE M. HARBECK,  
Address: 18252 N.W. 15 CT  
City-St-Zip: PEMBROKE PINES, FL

Title: VP (X) Delete  
Name: JASON G. HARBECK,  
Address: 18252 NW 15 CT  
City-St-Zip: PEMBROKE PINES, FL

Title: DP ( ) Delete  
Name: LAZENBY, LUKE  
Address: 18252 NW 15 CT  
City-St-Zip: PEMBROKE PINES, FL

Title: D ( ) Delete  
Name: LAZENBY, KRISTY  
Address: 18252 NW 15 CT  
City-St-Zip: PEMBROKE PINES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: DIANE HARBECK

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

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03/10/2009

\_\_\_\_\_ Date