

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S80547

FILED  
Mar 06, 2006  
Secretary of State

Entity Name: RICK MEARS RACING, INC.

## Current Principal Place of Business:

26384 MAHOGANY POINTE COURT  
BONITA SPRINGS, FL 34134 US

## New Principal Place of Business:

## Current Mailing Address:

26384 MAHOGANY POINTE COURT  
BONITA SPRINGS, FL 34134 US

## New Mailing Address:

FEI Number: 65-0296915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MASON, CHRISTYN D  
26384 MAHOGANY POINTE COURT  
BONITA SPRINGS, FL 34134 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: MASON, CHRISTYN D  
Address: 26384 MAHOGANY POINTE COURT  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD ( ) Delete  
Name: BOWEN, CAROLYN R  
Address: 13261 HARBOUR RIDGE BOULEVARD  
City-St-Zip: PALM CITY, FL 349908079

Title: TD ( ) Delete  
Name: BOWEN, BRUCE E  
Address: 2499 SW BOBALINK COURT  
City-St-Zip: PALM CITY, FL 349908079

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTYN D. MASON

PD

03/06/2006

Electronic Signature of Signing Officer or Director

Date