

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V46557

FILED  
Jul 05, 2007  
Secretary of State

Entity Name: AMERICAN PERFORMANCE PRODUCTS, CO.

**Current Principal Place of Business:**

675 S. INDUSTRY ROAD  
COCOA, FL 32926 US

**New Principal Place of Business:**

**Current Mailing Address:**

675 S. INDUSTRY ROAD  
COCOA, FL 32926 US

**New Mailing Address:**

FEI Number: 59-3132744

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GIMZEK, G. JERRY  
675 S. INDUSTRY ROAD  
COCOA, FL 32926 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: P ( ) Delete  
Name: GIMZEK, G. JERRY,  
Address: 4910 SHADE TREE ST  
City-St-Zip: COCOA, FL 32926

Title: VP ( ) Delete  
Name: GIMZEK, THERESA  
Address: 4910 SHAOE TREE ST  
City-St-Zip: COCOA, FL 32920

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

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: G.JERRY GIMZEK

PRES

07/05/2007

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

\_\_\_\_\_  
Date