


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90065 013 ***150.00

DOCUMENT # P14841			
1. Entity Name RACETRAC PETROLEUM, INC.			
Principal Place of Business 3225 CUMBERLAND RD. STE 100 ATLANTA, GA 30339		Mailing Address 3225 CUMBERLAND RD. STE 100 ATLANTA, GA 30339	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 63-0642959		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PASD LENKER, MAX V. <input type="checkbox"/> Delete 3225 CUMBERLAND BLVD, STE 100 ATLANTA, GA 30339	TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO-AS Bolch, Jr., Carl <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3225 Cumberland Blvd., Ste. 100 Atlanta, GA 30339
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD BOLCH, SUSAN BASS <input type="checkbox"/> Delete 3225 CUMBERLAND BLVD, STE 100 ATLANTA, GA 30339	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T DUMBACHER, BOB <input type="checkbox"/> Delete 3225 CUMBERLAND BLVD, STE 100 ATLANTA, GA 30339	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP GURA, PHILIP P <input type="checkbox"/> Delete 3225 CUMBERLAND BLVD, STE 100 ATLANTA, GA 30339	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPAS CZAJA, CLAUDE P <input checked="" type="checkbox"/> Delete 3225 CUMBERLAND BLVD, STE 100 ATLANTA, GA 30339	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MORAN, ALLISON BOLCH <input type="checkbox"/> Delete 300 TECHNOLOGY CT SMYRNA, GA	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3225 Cumberland Blvd., Ste. 100 Atlanta, GA 30339
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: Robert J. Dumbacher 		Date: 3/1/07 Daytime Phone #: 770-431-7600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			