

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000007047

1. Entity Name
HI-PERFORMANCE DESIGNS, INC.



Principal Place of Business
2360 W. MAIN ST.
ALLIANCE, OH 44601

Mailing Address
2360 W. MAIN ST.
ALLIANCE, OH 44601



03252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2226442

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

GAUDENS, HENRY
808 S. WOODROW WILSON ST., SUITE 2
PLANT CITY, FL 33563

**DO NOT WRITE
IN THIS SPACE**

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 rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000339329
04/28/05-80071-014 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVC
GAUDENS, HENRY
808 WOODROW WILSON ST., SUITE 2
PLANT CITY, FL 33563

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CV
TOLERTON, WILLIAM T
1469 W. MAIN ST.
ALLIANCE, OH 44601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CLUNK, DENNIS R
2040 S. UNION AVE.
ALLIANCE, OH 44601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SWENTZL, PAUL
1475 JINGLE BELL LN.
LEXINGTON, KY 40509

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #