

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 15, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F89764**

1. Entity Name

**TOTAL PERFORMANCE BUGGIES, INC.**



Principal Place of Business

**5700 N ARMENIA AVE.  
TAMPA, FL 33603**

Mailing Address

**4220 N LOIS AVE  
TAMPA, FL 33614**

**DO NOT WRITE IN THIS SPACE**



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number

**59-2209976**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GARCIA, WILLIAM F  
512 W. KENNEDY BLVD  
TAMPA, FL 33602**

**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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000113939  
04/15/04-80029-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SUAREZ, REINALDO J
STREET ADDRESS	4220 N LOIS AVE
CITY - ST - ZIP	TAMPA, FL 00000,
TITLE	TS
NAME	SUAREZ, LINDA
STREET ADDRESS	4220 N. LOIS AVE.
CITY - ST - ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
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)(i), 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

**4/12/04**  
Date

**813 300 1851**  
Daytime Phone #