2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008
Secretary of State

DOCUMENT# J63071

Entity Name: PERFORMANCE SALES AND SERVICE, INC.

Current Principal Place of Business:

1130 US 27 NORTH
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

1130 US 27 NORTH
LAKE PLACID, FL 338525684

New Mailing Address:

FEI Number: 59-3564049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, BERT J., III
212 INTERLAKE BOULEVARD
LAKE PLACID, FL 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: VD ( ) Delete
Name: WHITAKER, MICHAEL
Address: 1130 U.S. 27 NORTH
City-St-Zip: LAKE PLACID, FL 33852

Title: PSTD ( ) Delete
Name: WHITAKER, DARIN L.,
Address: 1130 U.S. 27 NORTH
City-St-Zip: LAKE PLACID, FL

Title: ST ( ) Delete
Name: CHAPMAN, JAN MARIE
Address: 1130 US 27 NORTH
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: WHITAKER, JON MICHAEL
Address: 1130 US 27 NORTH
City-St-Zip: LAKE PLACID, FL 33852

Title: PSTD (X) Change ( ) Addition
Name: WILLIAMSON, DARIN L
Address: 1130 US 27 NORTH
City-St-Zip: LAKE PLACID, FL 33852

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: DARIN WILLIAMSON PSTD 01/29/2008

Electronic Signature of Signing Officer or Director Date