

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # K67183**

1. Entity Name

PERFORMANCE REALTY CORPORATION



Principal Place of Business

20001 GULF BLVD  
#5  
INDIAN SHORES FL 33785  
US

Mailing Address

20001 GULF BLVD  
SUITE 5  
INDIAN SHORES FL 33785  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E034 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 74-1903021

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAGE, STEPHEN  
20001 GULF BLVD. STE. 5  
INDIAN SHORES FL 33785

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	PST PAGE, STEPHEN	<input type="checkbox"/> Delete
STREET ADDRESS CITY- ST- ZIP	20001 GULF BLVD. STE 5 INDIAN SHORES FL 33785	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP	U000000611977 02/02/07-80087-011 150.00	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07

Date

Daytime Phone #