

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 17, 2004
Secretary of State**

DOCUMENT# N03000003121

Entity Name: PERFORMANCE EXCELLENCE NETWORK OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1490 S BELFORD CT
MERRITT ISLAND, FL 329525770

New Principal Place of Business:

Current Mailing Address:

1490 S BELFORD CT
MERRITT ISLAND, FL 329525770

New Mailing Address:

FEI Number: 02-0680995 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GILDER, FOREST
1490 S BELFORD CT
MERRITT ISLAND, FL 329525770

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KNIGHT, DAVID
Address: P O BOX 480
City-St-Zip: SCOTTSMOOR, FL 32775

Title: D () Delete
Name: MORRISON, SARA
Address: 3445 HUGGINS DR
City-St-Zip: MALABAR, FL 32950

Title: D () Delete
Name: SEEMER, ROBERT
Address: 190 S SKYKES CREEK BLVD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: GILDER, FOREST
Address: 1490 S BELFORD CT
City-St-Zip: MERRITT ISLAND, FL 329525770

Title: DT () Delete
Name: KALOSKI, DAN JR
Address: 362 MONROE AVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D () Delete
Name: PROESEL, JIM
Address: 1435 N SYKES CREEK PKWY
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FOREST GILDER

D

02/17/2004

Electronic Signature of Signing Officer or Director

Date