

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000081139

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** POSTEN'S PERFORMANCE, INC.

**Current Principal Place of Business:**

1381 SW MELROSE AVE  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

1381 SW MELROSE AVE  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

**FEI Number:** 65-1034699

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POSTEN, WALTER  
1381 SW MELROSE AVE  
PORT ST. LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

POSTEN, WALTER SR.  
1381 SW MELROSE AVE  
PORT ST. LUCIE, FL 34953 US

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: WALTER POSTEN SR.

04/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: POSTEN, WALTER SR.  
Address: 1381 SW MELROSE AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP  
Name: POSTEN, LORI  
Address: 1881 SW MELROSE AVE  
City-St-Zip: PORT ST LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: WALTER POSTEN SR.

PRES

04/27/2011

Electronic Signature of Signing Officer or Director

Date