## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000117956

Entity Name: P.R. PERFORMANCE, INC.

FILED Jan 09, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 640 N. PENINSULA DR. DAYTONA BEACH, FL 32118 **Current Mailing Address: New Mailing Address:** 1621 HERALDRY LANE GREENSBORO, NC 27455 FEI Number: 59-3532736 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENEDICT, JIM 640 N. PENINSULA DR. DAYTONA BEACH, FL 32118 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition BENEDICT, TYLER Name: Name: 1621 HERALDRY LANE Address: Address: City-St-Zip: GREENSBORO, NC 27455 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: BENEDICT, JIM Name: 28 BAY POINTE DR. Address: Address: ORMOND BEACH, FL 32174 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition BUTHCER, ROBERT Name: Name: 705 N. GARFIELD AVE. Address: Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: Title: () Delete Title: () Change () Addition BENEDICT, KRISTI Name: Name: Address: 1621 HEARLDRY LN. Address: City-St-Zip: GREENSBORO, NC 27455 City-St-Zip: Title: Title: ( ) Delete () Change () Addition KOTAS, JIM Name: Name: 1440 S. PENNINSULA DR. Address: Address: City-St-Zip: DAYTONA BEACH, FL 32118 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address: City-St-Zip:

SIGNATURE: TYLER BENEDICT PRES 01/09/2004

() Delete

ORMOND BEACH, FL 32174

MARRESE, ROXY

6 MOSS POINT DR

Title:

Name:

Address:

City-St-Zip:

() Change () Addition