

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90411 007 \*\*\*150.00

DOCUMENT # P01000022258

1. Entity Name  
TLR PERFORMANCE, INC.



Principal Place of Business  
5401 NW 102ND AVE  
136  
SUNRISE, FL 33351

Mailing Address  
5401 NW 102ND AVE  
136  
SUNRISE, FL 33351

94080044



2. Principal Place of Business  
10100 NW 53RD ST  
Suite, Apt. #, etc.

3. Mailing Address  
10100 NW 53RD ST  
Suite, Apt. #, etc.

04292004 Chg-P CR2E034 (10/03)

City & State  
Sunrise FL  
Zip 33351 Country USA

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Sunrise FL  
Zip 33351 Country USA

4. FEI Number  
65-1090277  
Applied For:  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LACHANCE, TODD B  
5401 NW 102ND AVE  
SUITE 136  
SUNRISE, FL 33351

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Applicable)  
10100 NW 53RD ST  
City Sunrise FL Zip Code 33351

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME LACHANCE, TODD  
STREET ADDRESS 5401 NW 102ND AVE SUITE 136  
CITY-ST-ZIP SUNRISE, FL 33351

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 10100 N.W. 53RD ST  
STREET ADDRESS SUNRISE FL 33351  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date in Florida

4-28-04