

FILED
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Secretary of State

04-08-2004 90020 019 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000049610

1. Entity Name
ENHANCED SELECTION & PERFORMANCE, INC.



Principal Place of Business
**OAK PARK PROFESSIONAL OFFICES
1720 EL JOBEAN STE 207
PORT CHARLOTTE, FL 33948**

Mailing Address
**OAK PARK PROFESSIONAL OFFICES
1720 EL JOBEAN STE 207
PORT CHARLOTTE, FL 33948**

94046983



04042004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1113860

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BOCCIA, MICHAEL B PHD
1392 RED OAK LANE
PORT CHARLOTTE, FL 33948**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**OC
MICHAEL B. BOCCIA, PH.D.
1392 RED OAK LANE
PORT CHARLOTTE, FL 33948**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael B Boccia Ph.D.

4/5/04