

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90013 041 ***150.00

DOCUMENT # P01000097535

1. Entity Name
SUPERFORMANCE, INC.



Principal Place of Business
**215 N EOLA DRIVE
ORLANDO, FL 32801**

Mailing Address
**215 N EOLA DRIVE
ORLANDO, FL 32801**

24037460



2. Principal Place of Business

**2510 Kirby Ave. NE Ste 109
Suite, Apt. #, etc.
Unit 109**

3. Mailing Address

3116 Doubleton Ln.

City & State

Palm Bay, FL

Zip

32905

Country

City & State

Indian Lake, FL

Zip

32903

Country

02032004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3750806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LIEBENBERG, MARIE
SUPERFORMANCE, INC.
2510 KIRBY AVE NE STE 109
PALM BAY, FL 32905**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Marie Liebenberg **Marie Liebenberg**

Signature, typed or printed name of registered agent and title 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 **LIEBENBERG, MARIE JULIA**
STREET ADDRESS **21 C CASTLE HILLS ROAD**
CITY-ST-ZIP **AGAWAM, MA 01001**

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 **D** ☒ Change ☐ Addition
NAME **Marie Julia Liebenberg**
STREET ADDRESS **2510 Kirby Ave Unit 109**
CITY-ST-ZIP **Palm Bay, FL 32905**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

Marie Liebenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2004

DATE

733-1266

DAYTIME PHONE #