


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000051219</b> 1. Entity Name <b>PERFORMANCE SALES, INCORPORATED</b>	
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Principal Place of Business <b>2109 W. MEMORIAL BOULEVARD LAKELAND, FL 33815</b>	Mailing Address <b>2109 W. MEMORIAL BOULEVARD LAKELAND, FL 33815</b>
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02162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>74-3055861</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ALLISON, ROBERT D 2109 W. MEMORIAL BOULEVARD LAKELAND, FL 33815</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	PD ALLISON, ROBERT D 2109 W. MEMORIAL BOULEVARD LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LUCAS, PATRICIA L 2109 W. MEMORIAL BOULEVARD LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HUMPHRIES, GEORGE 3830 N US 27 N.W. MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HUMPHRIES, TAMMY 3830 N US 27 N.W. MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000335258  
04/27/05-80079-003 150.00

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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:**  **2-17-05** **PL3** **581-1111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #