

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY 27 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000052416

1. Entity Name  
COOL AND DEADLY PERFORMANCE INC.



Principal Place of Business  
1802 LAKE BRADFORD ROAD  
TALLAHASSEE, FL 32304

Mailing Address  
1802 LAKE BRADFORD ROAD  
TALLAHASSEE, FL 32304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202003

Chg-P

CR2E034 (10/03)

*MRS*



4. FEI Number

01-0684641

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WYRE, MICHAEL  
2855 APALACHEE PKWY., APT. F267  
TALLAHASSEE, FL 32301

Name Michael Wyre  
Street Address (P.O. Box Number is Not Acceptable)  
3020 Kevin Street  
City Tallahassee FL Zip Code 32301

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 *Michael Wyre*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

5/27/04

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WYRE, MICHAEL	
STREET ADDRESS	2855 APALACHEE PKWY., APT. F267	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	WYRE, IAN	
STREET ADDRESS	2855 APALACHEE PKWY., APT. F267	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	WYRE, NIGEL	
STREET ADDRESS	2855 APALACHEE PKWY., APT. F267	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, EWEN	
STREET ADDRESS	1303 OCALA RD., APT. 182	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Wyre	
STREET ADDRESS	3020 Kevin Street	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Michael Wyre*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/04 (850) 575-2665  
Date Daytime Phone #