


2005 FOR PROFIT CORPORATION ANNUAL REPORT

T. Roberts MAY 03 2005

FILED
05 APR 29 PM 4:49
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 811 Mabry Rd Suite, Apt. #, etc.		3. Mailing Address SAVR Suite, Apt. #, etc.	
City & State Tallahassee FL		City & State SAVR	
Zip 32304		Country Leon	
4. FEI Number 01-0684641		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WYRE, MICHAEL 3020 KEVIN STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 811 Mabry Rd City Tallahassee FL Zip Code 32304	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WYRE, MICHAEL 3020 KEVIN STREET TALLAHASSEE, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 811 Mabry Rd Tallahassee FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WYRE, IAN 2855 APALACHEE PKWY., APT. F267 TALLAHASSEE, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 811 Mabry Rd Tallahassee FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WYRE, NIGEL 3020 KEVIN STREET TALLAHASSEE, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 811 Mabry Rd Tallahassee FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ANDERSON, EWEN 1303 OCALA RD., APT. 182 TALLAHASSEE, FL 32304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600054019186 05/06/05--01075--011 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/29/05 Daytime Phone # _____	