


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90109 009 ***150.00

DOCUMENT # P03000041271

1. Entity Name
TRI-FIVE PERFORMANCE INC




Principal Place of Business Mailing Address
3864 HIDDEN ACRES CIRCLE **3864 HIDDEN ACRES CIRCLE**
NORTH FORT MYERS, FL 33903 **NORTH FORT MYERS, FL 33903**

2. Principal Place of Business 3. Mailing Address
1245 River Rd Suite, Apt. #, etc.

City & State City & State
N. Ft. Myers FL **FL**
 Zip Country
33903 **USA**

W101101W



04012004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
05-0565254 Not Applicable

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

6. Name and Address of Current Registered Agent

PODOWSKI, MICHAEL J
3864 HIDDEN ACRES CIRCLE
NORTH FORT MYERS, FL 33903

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PODOWSKI, MICHAEL J 3864 HIDDEN ACRES CIRCLE NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Michael J. Podowski 4/12/04
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #