2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061432

KOVACH, ROBERT A

2790 SW 143 PL RD

OCALA, FL 34473

Name:

Address:

City-St-Zip:

FILED Apr 15, 2004 Secretary of State

D 0 0 0 11		000001102			ocorciary or old		
Entity Na	me: PIT STOF	PERFORMANCE, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
3021 SW OCALA, F			1550 CLAY EUSTIS, FI				
Current M	lailing Addres	s:	New Mailii	New Mailing Address:			
3021 SW OCALA, F			1550 CLAY EUSTIS, FI				
FEI Number	:	FEI Number Applied For ()	FEI Number Not Appli	icable (X)	Certificate of Status Desire	ed ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:				
PRESTIGI 2600 MCC	JEANNE FRIC E PLACE I, STE CORMICK DR ATER, FL 3375	E 235					
	e named entity s e of Florida.	submits this statement for the pu	ırpose of changing it	s registered	d office or registered agent,	or both,	
SIGNATU							
	Electron	ic Signature of Registered Ager	nt		Date		
Election Ca	mpaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	D () KOVACH, CYNT 3021 SW 137 L OCALA, FL 344	ANE	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	D () KOVACH, ROBI 3021 SW 137 L OCALA, FL 344	ANE	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	D () KOVACH, TAMN 2790 SW 143 F OCALA, FL 344	LACE RD	Title: Name: Address: City-St-Zip:	D KOVACH, TA 1550 CLAY EUSTIS, FL	BLVD		
Title:	D ()	Delete	Title:	D	(X) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

KOVACH, ROBERT A

1550 CLAY BLVD

EUSTIS, FL 32726

SIGNATURE: ROBERT A. KOVACH D 04/15/2004