


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90027 010 ***150.00

DOCUMENT # P03000104210 1. Entity Name KEM-PERFORMANCE, INC.			
Principal Place of Business 1733 GOLFVIEW DR. KISSIMMEE, FL 34746		Mailing Address 1733 GOLFVIEW DR. KISSIMMEE, FL 34746	
2. Principal Place of Business - No P.O. Box # 971 ELM ST Suite, Apt. #, etc.		3. Mailing Address 971 ELM ST. Suite, Apt. #, etc.	
City & State OVIDEO FL		City & State OVIDEO FL	
Zip 32765	Country USA	Zip 32765	Country USA
6. Name and Address of Current Registered Agent MIKOS, MYRA G 1733 GOLF VIEW DR KISSIMMEE, FL 34746		7. Name and Address of New Registered Agent Name MYRA G. MIKOS Street Address (P.O. Box Number is Not Acceptable) 971 ELM ST. City OVIDEO FL Zip Code 32765	
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 2/13/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P MIKOS, MYRA G 3956 TOWN CENTER BLVD. SUITE # 406 ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYRA G. MIKOS 971 ELM ST. OVIDEO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MIKOS, MICHAEL 3956 TOWN CENTER BLVD. SUITE # 406 ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MICHAEL MIKOS 971 ELM ST. OVIDEO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained in Chapter 119, 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 02/13/07 <small>Daytime Phone #</small>	

60018066



02132007 Chg-P CR2E034 (12/06)

4. FEI Number
73-1679893

Applied For
Not Applicable

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	P	<input type="checkbox"/> Delete
NAME	MIKOS, MYRA G	
STREET ADDRESS	3956 TOWN CENTER BLVD. SUITE # 406	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MIKOS, MICHAEL	
STREET ADDRESS	3956 TOWN CENTER BLVD. SUITE # 406	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYRA G. MIKOS	
STREET ADDRESS	971 ELM ST.	
CITY-ST-ZIP	OVIDEO, FL 32765	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL MIKOS	
STREET ADDRESS	971 ELM ST.	
CITY-ST-ZIP	OVIDEO, FL 32765	
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		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #