2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 19, 2004 8:00 am
Secretary of State

04-15-2004 90037 027 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000129215

1. Entity Name

ULTIMATE PERFORMERS, INC.

Principal Place of Business	Mailing Address
595 W GRANADA BLVD. SUITE A ORMOND BEACH FL 32174	595 W GRANADA BLVD. SUITE A ORMOND BEACH FL 32174

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0384406 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

KOREY, ROBERT K
595 W GRANADA BLVD.
SUITE A
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name: GOLINSKI, JOEY

Street Address (P.O. Box Number is Not Acceptable): 6298 PALM VISTA ST

City: PORT ORANGE FL Zip Code: 32128

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

FILE NOW!!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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	☐ Delete	TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	GOLINSKI, JOSEPH		NAME	JOEY GOLINSKI	
STREET ADDRESS	595 W GRANADA BLVD. SUITE A		STREET ADDRESS	6298 PALM VISTA ST.	
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE	V	☑ Delete	TITLE	VICE PRESIDENT	☐ Change ☑ Addition
NAME	GOODRICH, JOHNNY		NAME	ANTHONY CAMPANELLA	
STREET ADDRESS	595 W GRANADA BLVD. SUITE A		STREET ADDRESS	113 ROBLE LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	ST	☐ Delete	TITLE	ST	☑ Change ☐ Addition
NAME	GAHAGAN, WILLIAM		NAME	WILLIAM GAHAGAN	
STREET ADDRESS	595 W GRANADA BLVD. SUITE A		STREET ADDRESS	2204 B S. PENINSULA DR	
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ 4/9/04 (386) 767-1082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #