## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P03000136878



## FILED Jun 07, 2004 8:00 am Secretary of State

	DEDECOMANICE MADINE CENTED INC					04-30-2004 90261 031 ****150.00		
PERFORMANCE MARINE CENTER, INC.								
Principal Plac	ce of Busines	s	Mailing Address		<u> </u>	-		
1101 NORTI RUSKIN FL	'H SHELL PO 33570	OANT ROAD	1101 NORTH SHELL RUSKIN FL 33570	POINT R	OAD	66427021	FB1	
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.		 	Suite, Apt. #, etc.			MOORE CR2E034 (11/03)		
City & State			City & State			4. FEI Number 20-041356 / Applied Not Appl		
Zip		Country	Zip	Coun	itry	5. Certificate of Status Desired   \$8.75 Additional Fee Required	1	
	6. Name	and Address of Curren	Registered Agent		Name	7. Name and Address of New Registered Agent		
110	FLER, KEV 11 NORTH SKIN FL 3	I SHELL POINT RO	DAD	<u> </u>		(P.O. Box Number is Not Acceptable)		
					City	FL Zip Code		
The above	e named entit	y submits this statement t	or the purpose of changing	its registere	ed office or register	ored agent, or both, in the State of Florida. I am familiar with, and a	ccept	
IGNATURE .	_	l L	•			,		
- Chierman	Signature, typed	or printed harne of registered agon	i and title if applicable. (N	OTE: Rogistere	d Agent signatura required	d when reinstaing) DATE		
Afte	r May 1; 20	II FEE IS \$150.00 04 Fee will be \$550.00 Florida Department o	of State			B. Election Campaign Financing \$5.00 May     Trust Fund Contribution.		
	т2	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	1	
TLE	D LEFLER, K		Directors Delete	TIPLE			1 Addition	
D. ILE MAE REET ADDRESS IY-ST-ZIP	LEFLER, K	EVIN MICHAEL TH SHELL POINT ROA	☐ Dolete	TITLE NAM Stre				
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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.

SIGN	ATU	IRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #