2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90089 017 ***150.00

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1. Entity Name
PERFORMANCE MARINE CENTER, INC.

Principal Place of Business
1101 NORTH SHELL POINT ROAD
RUSKIN, FL 33570

Mailing Address
1101 NORTH SHELL POINT ROAD
RUSKIN, FL 33570

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

3. Mailing Address
P.O Box 1312
Suite, Apt. #, etc.
City & State
Ruskin Fl 33575
Zip
33575
Country

04272005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0413561
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEFLER, KEVIN
1101 NORTH SHELL POINT ROAD
RUSKIN, FL 33570

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 Kevin M. Lefler 4-27-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	LEFLER, KEVIN MICHAEL	
STREET ADDRESS	1101 NORTH SHELL POINT ROAD	
CITY-ST-ZIP	RUSKIN, FL 33570	
TITLE	D	☐ Delete
NAME	MACDONALD, PATRICK J	
STREET ADDRESS	1101 NORTH SHELL POINT ROAD	
CITY-ST-ZIP	RUSKIN, FL 33570	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: PRES/DIRECTOR 4-27-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 813-677-9514