

FILED
May 10, 2004 8:00 am
Secretary of State

04-14-2004 90050 008 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000138093			
1. Entity Name FOUR STAR PERFORMANCE, INC.			
Principal Place of Business 5106 CARROLLWOOD DR TAMPA, FL 33625		Mailing Address 5106 CARROLLWOOD DR TAMPA, FL 33625	
2. Principal Place of Business 5106 Carrollwood Meadows Dr. Suite, Apt. #, etc.		3. Mailing Address 5106 Carrollwood Meadows Dr. Suite, Apt. #, etc.	
City & State Tampa FL		City & State Tampa FL	
Zip 33625		Zip 33625	
Country		Country	
4. FEI Number 02-0721309		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLS, CARITA M 1435 W BUSCH BLVD SUITE A TAMPA, FL 33612		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY- ST- ZIP	Director & President ☐ Delete Robert Andion 5106 Carrollwood Drive Tampa, FL 33625	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Vice-President ☐ Delete Edward SanJuan 2704 Doe Run Court Tampa, FL 33618	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Secretary ☐ Delete Gladys SanJuan 2704 Doe Run Court Tampa, FL 33618	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Treasurer ☐ Delete Greta Andion 5106 Carrollwood Drive Tampa, FL 33625	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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: 		4-10-04 813-263-5625	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert Andion, President		Date Daytime Phone #	