

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000065541

1. Entity Name
PERFORMANCE NEW TAMPA, INC.



Principal Place of Business
16123 WEST COLONIAL DRIVE
WINTER GARDEN, FL 34787

Mailing Address
16123 WEST COLONIAL DRIVE
WINTER GARDEN, FL 34787



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1492110

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KERN, WYNDELL T
16123 WEST COLONIAL DRIVE
WINTER GARDEN, FL 34787

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	KERN, WYNDELL T
STREET ADDRESS	16123 WEST COLONIAL DRIVE
CITY-STATE-ZIP	WINTER GARDEN, FL 34787
TITLE	VPS
NAME	KERN, RALPH P
STREET ADDRESS	16123 WEST COLONIAL DRIVE
CITY-STATE-ZIP	WINTER GARDEN, FL 34787
TITLE	SO
NAME	KERN, RALPH P
STREET ADDRESS	16123 WEST COLONIAL DRIVE
CITY-STATE-ZIP	WINTER GARDEN, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/21/06-80034-006 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Wynndell Kern Pres/Treas 2/28/06 407-905-4330