FILED
Mar 19, 2007 8:00 am
Secretary of State
01-22-2007 90080 023 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000065541

1. Entity Name
PERFORMANCE NEW TAMPA, INC.

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

01172007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing
28009 Wesley Chapel Blvd	16123 W Colonial Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wesley Chapel FL	City & State: Winter Garden FL
Zip: 33543 Country: PASCO	Zip: 34787 Country:

4. FEI Number: 37-1492110 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KERN, WYNDELL T 16123 WEST COLONIAL DRIVE WINTER GARDEN, FL 34787	Name Street Address (P.O. Box Number is Not Acceptable) City FL

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: President 3/15/07
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, 2007 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	PT KERN, WYNDALL T 16123 WEST COLONIAL DRIVE WINTER GARDEN, FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS KERN, RALPH P 16123 WEST COLONIAL DRIVE WINTER GARDEN, FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KERN, RALPH P 16123 WEST COLONIAL DRIVE WINTER GARDEN, FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 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: President 3/15/07 407-905-9330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #