

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008 8:00 am
Secretary of State

07-09-2008 90019 018 ***150.00

DOCUMENT # P04000065541

1. Entity Name
PERFORMANCE NEW TAMPA, INC.



Principal Place of Business
**28009 WESLEY CHAPEL BLVD
WESLEY CHAPEL, FL 33543**

Mailing Address
**16123 WEST COLONIAL DRIVE
WINTER GARDEN, FL 34787**

40109820



07072008 Chg-P CR2E034 (12/06)

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

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

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

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
KERN, WYNDELL T
16123 WEST COLONIAL DRIVE
WINTER GARDEN, FL 34787** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
KERN, RALPH P
16123 WEST COLONIAL DRIVE
WINTER GARDEN, FL 34787** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**President
Wyndell T Kern
16123 W. Colonial Dr.
Winter Garden FL 34787** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wyndell T. Kern

7/7/08

407 905 9330

Date

Daytime Phone #