

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90005 008 ***150.00

DOCUMENT # P04000071694

1. Entity Name
T.P. PERFORMANCE INC.



Principal Place of Business
16500 QUARTER HORSE CT.
MONTVERDE, FL 34756

Mailing Address
16500 QUARTER HORSE CT.
MONTVERDE, FL 34756

50066543



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

08242005

Chg-P

CR2E034 (10/03)

4. FEI Number

16-1699429

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE CANDIA, RONALD
16500 QUARTER HORSE CT.
MONTVERDE, FL 34756

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 7, 2005

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
DE CANDIA, RONALD
16500 QUARTER HORSE CT.
MONTVERDE, FL 34756 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Ronald J. DeCandia RONALD J. DECANDIA 9-6-05 407-469-3990 3990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT # ~~PO4000071694~~ ⁵⁰⁰¹⁶⁶¹⁻⁴³

Hi. I spoke with a gentleman
at your office about 3 weeks ago
and explained that I had filed with
Corporate Compliance Center. He told
me to write a note asking for the
waiving of the fine because I
believed that I had filed with
Corporate Compliance Center.
Enclosed is my check for the
required filing fee, (\$500).
Thank you for your consideration.

Paul J. D. Cawls
Pres T.P. PERFORMANCE INC

ATTACHMENT



50066543

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 24, 2005

T.P. PERFORMANCE INC.
16500 QUARTER HORSE CT.
MONTVERDE, FL 34756

SUBJECT: T.P. PERFORMANCE INC.
Ref. Number: P04000071694

Although you attempted to download an annual report form, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kristen Eckel
Document Specialist

Letter Number: 805A00053782