

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000130565 1. Entity Name PERFORMANCE TIRE AND WHEEL, INC.	
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Principal Place of Business 630 S VOLOSIA AVE ORANGE CITY, FL 32763	Mailing Address 630 S VOLOSIA AVE ORANGE CITY, FL 32763
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U000000927632
05/20/08-80112-022 150.00

04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-8013447	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PIERCE, RAYMOND S 285 ADELAIDE STREET DEBARY, FL 32713	DO NOT WRITE IN THIS SPACE
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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.

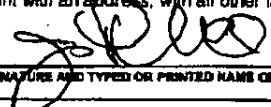
(NOTE: Registered Agent signature required when resigning)

DATE: **4-25-08****FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, RAYMOND S 285 ADELAIDE STREET DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERCE, JENNY 285 ADELAIDE STREET DEBARY, FL 32713
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: **4-25-08**Daytime Phone #: **386-228-2500**