

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000006410 1. Entity Name PERFORMANCE INVESTMENTS, INC.			
Principal Place of Business 1077 PONTE VEDRA BLVD. PONTE VEDRA BEACH, FL 32082		Mailing Address P.O. BOX 5930 HUNTSVILLE, AL 35814	
DO NOT WRITE IN THIS SPACE			
2. Name and Address of Current Registered Agent BRANT MOORE SAPP MACDONALD & WELLS P.A. 50 NORTH LAURA ST. SUITE 3100 JACKSONVILLE, FL 32202		DO NOT WRITE IN THIS SPACE	
3. 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 file if applicable. (NOTE: Registered Agent's signature required when reinstating))		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		4. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	DO NOT WRITE IN THIS SPACE	
NAME	SHIELDS, JOHN H II		
STREET ADDRESS	1077 PONTE VEDRA BLVD.		
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082		
TITLE	D		
NAME	SHIELDS, PATRICIA P		
STREET ADDRESS	1077 PONTE VEDRA BLVD.	DO NOT WRITE IN THIS SPACE	
CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082		
TITLE			
NAME			
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NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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 SENDING OFFICER OR DIRECTOR		Date: <u>4/18/06</u> Daytime Phone #	



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3222067	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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05/09/06-80020-021 150.00