

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000000057

1. Entity Name
PROFORMANCE FINANCIAL GROUP, INC.



Principal Place of Business
2431 DINNEEN AVENUE
ORLANDO, FL 32804 US

Mailing Address
2431 DINNEEN AVENUE
ORLANDO, FL 32804 US

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3351037

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAILEY, LILBURN R III ESQ
20 NORTH EOLA DRIVE
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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	DPS
NAME	DOUGHERTY, JOHN W
STREET ADDRESS	2431 DINNEEN AVENUE
CITY- ST- ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000954819
U7/14/08-80016-019 150.00

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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

JOHN W DOUGHERTY 7-9-08

Date

407-822-5155

Daytime Phone #