

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90011 018 ***150.00

DOCUMENT # P96000057506

1. Entity Name

PERFORMANCE MESSAGE, INC.



Principal Place of Business

PERFORMANCE MESSAGE
2405 SWANN AVE
TAMPA FL 33609
US

Mailing Address

2405 SWANN AVE.
TAMPA FL 33609

2. Principal Place of Business

2405 S MACDILL AVE

Suite, Apt. #, etc.

A

City & State

TAMPA FL

Zip

33629

Country

HILLS

3. Mailing Address

2405 S MACDILL AVE

Suite, Apt. #, etc.

A

City & State

TAMPA FL

Zip

33629

Country

HILLS



MOORE

CR2E034 (11/03)

4. FEI Number

59-3397009

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRAUGHON, PHYLLIS A
2405 SWANN AVE.
TAMPA FL 33609

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DRAUGHON, PHYLLIS A
STREET ADDRESS 2405 SWANN AVE.
CITY-ST-ZIP TAMPA FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DRAUGHON, PHYLLIS A
STREET ADDRESS 2405 S MACDILL AVE-A
CITY-ST-ZIP TAMPA, FL 33629

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: *Phyllis A Draughon* Phyllis A DRAUGHON
DIRECTOR

2/17/04 813-258-3378
Date Daytime Phone #