

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 08:00 A.
Secretary of State

DOCUMENT # P96000077981

1. Entity Name
A.M. PERFORMANCE ENTERPRISES INC.



Principal Place of Business
**7120 GULF TO LAKE HIGHWAY
CRYSTAL RIVER, FL 34429**

Mailing Address
**7120 GULF TO LAKE HIGHWAY
CRYSTAL RIVER, FL 34429**



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3416116

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SQAREZ, AQUILINO H
7120 GULF TO LAKE HWY
CRYSTAL RIVER, FL 34429**

**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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000563058
05/19/06-80080-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	SUAREZ, LUCI
STREET ADDRESS	7120 GULF TO LAKE HWY
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	PD
NAME	SUAREZ, AQUILINO
STREET ADDRESS	7120 GULF TO LAKE HIGHWAY
CITY-ST-ZIP	CRYSTAL RIVER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Aquilino Suarez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-06