


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000095541	
1. Entity Name WALT'S PERFORMANCE AUTOMOTIVE, INC.	

Principal Place of Business 1984 SW BILTMORE ST, SUITE 108 PORT ST LUCIE, FL 34984	Mailing Address 1984 SW BILTMORE ST, SUITE 108 PORT ST LUCIE, FL 34984
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FE# Number 65-0718119	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBS, WALTER 1984 SW BILTMORE ST, SUITE 108 PORT ST LUCIE, FL 34984

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 JACOBS, WALTER 222 SW CHELSEA TERR PORT ST LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, THERESA 222 SW CHELSEA TERR PORT ST LUCIE, FL 34984
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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:  **WALTER JACOBS** 2-4-05 772-340-7502