

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 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



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0718119

Applied For
Not Applicable

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

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME JACOBS, WALTER
STREET ADDRESS 502 SW LAKOTA AVE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE D
NAME JACOBS, THERESA
STREET ADDRESS 502 SW LAKOTA AVE
CITY-ST-ZIP PORT SAINT LUCIE, FL 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000726010
05/03/07-80043-019 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-07

Date

772-340-7802

Daytime Phone #