

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90208 013 \*\*\*150.00

**DOCUMENT # P98000008323**

1. Entity Name  
**TOTAL OCEAN PERFORMANCE, INC.**



Principal Place of Business

**JAMES M. GUEST**  
**15600 S.W. 288 ST., #201**  
**HOMESTEAD, FL 33033**

Mailing Address

**JAMES M. GUEST**  
**15600 S.W. 288 ST., #201**  
**HOMESTEAD, FL 33033**

2. Principal Place of Business

**102445 OVERSEAS HWY**

Suite, Apt. #, etc.

3. Mailing Address

**102445 OVERSEAS HWY**

Suite, Apt. #, etc.



03272006

Chg-P

CR2E034 (11/05)

4. FEI Number

**65-0686016**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

**KEY LARGO FLORIDA**

Zip

**33037**

Country

**USA**

City & State

**KEY LARGO FLORIDA**

Zip

**33037**

Country

**USA**

6. Name and Address of Current Registered Agent

**GUEST, JAMES M**  
**15600 S.W. 288TH ST.,**  
**STE 201**  
**HOMESTEAD, FL 33033**

7. Name and Address of New Registered Agent

Name

**JAMES M GUEST CPA**

Street Address (P.O. Box Number is Not Acceptable)

**50 KINDRED STREET**

**SUITE 201**

City

**STUART**

**FL**

Zip Code

**34994**

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**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST**  
**ROBINSON, AL**  
**102445 OVERSEAS HWY**  
**KEY LARGO, FO 33037** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST**  
**ROBINSON, AL**  
**102445 OVERSEAS HWY**  
**KEY LARGO FL 33037** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

*Al Robinson* PRES/S/T

4-21-06

305  
451-0031