

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90199 020 \*\*\*150.00

DOCUMENT # P98000013914

1. Entity Name  
PERFORMANCE PC'S, INC.



Principal Place of Business  
2235 SOUTH BABCOCK ST  
MELBOURNE, FL 32901 US

Mailing Address  
P.O. BOX 100208  
PALM BAY, FL 32910-0208 US

2. Principal Place of Business  
2600 Kirby Circle NE

3. Mailing Address  
2600 Kirby Circle NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

Suite 1

City & State

City & State

Palm Bay, FL

Palm Bay, FL

Zip

Country

Zip

Country

32905

USA

32905

USA

6. Name and Address of Current Registered Agent

01252005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3497019

Applied For  
Not Applicable

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

BARON, HENRY W  
325 LAKE VIEW LN  
PALM BAY, FL 32909

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

*HenBaron*

Henry Baron President

2-17-05

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BARON, HENRY W	
STREET ADDRESS	325 LAKE VIEW LN	
CITY-ST-ZIP	PALM BAY, FL 32909	
TITLE	P	<input type="checkbox"/> Delete
NAME	BARON, HENRY W	
STREET ADDRESS	325 LAKE VIEW LANE	
CITY-ST-ZIP	PALM BAY, FL 32909	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*HenBaron*

Henry Baron

2-17-05

321-725-9967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #