


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018736

1. Entity Name
KEN'S PERFORMANCE, INC.



Principal Place of Business
**83 W JERSEY STREET
ORLANDO FL 32808**

Mailing Address
**83 W JERSEY STREET
ORLANDO FL 32808**

2. Principal Place of Business

3. Mailing Address

Build. Apt. #, etc.

Suite, Apt. #, etc.

City & State


City & State

Zip Country

Zip Country

OR-18-2003 90175 020 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

4. FEI Number **69-3500184** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WELLS, KENNETH D
83 W JERSEY STREET
ORLANDO FL 32808**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$560.00
After September 10, 2003 Fee will be \$760.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY - ST - ZIP	D WELLS, KENNETH D 3300 CAMMARON DRIVE ORLANDO FL 32825	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change President Kenneth D. Wells 3107 Trentwood Blvd. Orlando, FL 32812
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change 900023179579 09/13/03--01009--006 ***400
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		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 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: **SIGNATURE REQUIRED**
K D Wells

0/2/03 407-839-6129

0015720 AV

0001 (03) 032323

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