

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

08-03-2004 90003 038 ***150.00

FILED P99000025610

DOCUMENT # P99000025610

1. Entity Name
PERFORMANCE TOWING, INC., OF ORLANDO



04 AUG -3 AM 11:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

54066363

Principal Place of Business
**845 N. MILLS AVE.
ORLANDO, FL FOURNIER RO**

Mailing Address
**845 N. MILLS AVE.
ORLANDO, FL FOURNIER RO**

DO NOT WRITE IN THIS SPACE



07282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3567521

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FOURNIER, ROBERT
845 N. MILLS AVE.
ORLANDO, FL FOURNIER**

**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 \$550.00
Due by September 8, 2004**

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
**P
FOURNIER, ELAINE
845 N. MILLS AVE.
ORLANDO, FL FOURNIER**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
FOURNIER, ROBERT
845 N. MILLS AVE.
ORLANDO, FL FOURNIER**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FOURNIER, ROBERT A JR
845 N MILLS AVE
ORLANDO, FL 32803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Elaine Fournier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-04

Date

Daytime Phone #