


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000033017		
1. Entity Name TOTAL PERFORMANCE AUTO & TRUCK REPAIR, INC.		
Principal Place of Business 3223 N 25TH ST. FT PIERCE, FL 34946	Mailing Address 3223 N 25TH ST. FT PIERCE, FL 34946	



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0910538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAFFERTY, GREGG 6708 SANTA CLARA BLVD FT PIERCE, FL 34951
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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D LAFFERTY, GREGG D 6708 SANTA CLARA BLVD FT PIERCE, FL 34951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFFERTY, KIMBERLY 6708 SANTA CLARA BLVD FT PIERCE, FL 34951
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04/10/07-80069-012 150.00

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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: Gregg Lafferty 3/27/07 772-461-3055
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #