

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000043585**

1. Entity Name  
**PERFORMANCE BUSINESS PRODUCTS, INC.**



Principal Place of Business  
**1804 W BAKER ST  
SUITE D  
PLANT CITY, FL 33566 US**

Mailing Address  
**1804 W BAKER ST  
SUITE D  
PLANT CITY, FL 33566 US**



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3582251**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134**

**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 reinstalling)

DATE

**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**

TITLE PD  
NAME LATHAM, RICHARD A  
STREET ADDRESS 1804 W BAKER ST.  
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE VD  
NAME LATHAM, JANET H  
STREET ADDRESS 1804 W BAKER ST.  
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE S  
NAME LATHAM, BARBARA J  
STREET ADDRESS 1804 W BAKER ST  
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE T  
NAME UHLENHOPP, BRENDA J  
STREET ADDRESS 1804 W BAKER ST  
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000294202  
04/08/05-80058-024 150.00

**DO NOT WRITE  
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:

*Richard A Latham* **RICHARD A. LATHAM** 4/4/05 813-717-8008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #