


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # S74055 1. Entity Name HIGH PERFORMANCE SYSTEMS, INCORPORATED |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 1201 AMERICAN SUPERIOR BLVD WINTER HAVEN, FL 33880 | Mailing Address 1201 AMERICAN SUPERIOR BLVD WINTER HAVEN, FL 33880 |
|--|--|

DO NOT WRITE IN THIS SPACE

06292005 No Chg-P CR2E034 (10/03)

| | |
|--|--------------------------------|
| 4. FEI Number 59-3091865 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

| |
|--|
| 6. Name and Address of Current Registered Agent TAYLOR, JOHN 1201 AMERICAN SUPERIOR BLVD WINTER HAVEN, FL 33880 |
|--|

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

| | | |
|---|---|---|
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|---|---|

| | |
|--|--|
| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | V TAYLOR, JOHN 6103 SKY FLOWER CT BARTOW, FL 33830 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P MUTO, RICHARD J. SR. 2944 PLANTATION RD SE WINTER HAVEN, FL 33884 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | V PIEDRA, ANTONIO 2951 SW 77TH PL MIAMI, FL 33155 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |

U00000374816
07/28/05-80004-009 158.75

**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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date <u>7-28-05</u> <small>Daytime Phone #</small> |
|---|---|