

2008 FOR PROFIT CORPORATION ANNUAL REPORT (APR)

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90027 007 ***158.75

DOCUMENT # P03000123908	
1. Entity Name EXTREME STUNT AND DRIVING TEAM, INC.	

Principal Place of Business 811 LEOPARD TRAIL WINTER SPRINGS FL 32708	Mailing Address 811 LEOPARD TRAIL WINTER SPRINGS FL 32708
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/07)

4. FEI Number 52-2406835	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BISHOP, DAWN 811 LEOPARD TRAIL WINTER SPRINGS FL 32708		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Dawn Bishop* DATE *3.2.2008*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing office)

FILE NOW!!! FEE IS \$150.00 After May-1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BISHOP, GRADY 811 LEOPARD TRAIL WINTER SPRINGS FL 32790-8 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS BISHOP, DAWN 811 LEOPARD TRAIL WINTER SPRING FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 exemptions contained in Section 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 statements.

SIGNATURE: *Ally C. Bishop* DATE *3.2.2008*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR