

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000018759

FILED  
Mar 06, 2011  
Secretary of State

Entity Name: ABCD EXTREME, INC.

**Current Principal Place of Business:**

3200 N. PALAFOX ST.  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

3200 N. PALAFOX ST.  
PENSACOLA, FL 32501

**New Mailing Address:**

FEI Number: 03-0399584      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAYNARD, ROBERT L JR  
301 W MALLORY ST  
PENSACOLA, FL 32501      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: O'SULLIVAN, BRIAN P JR.  
Address: P.O. BOX 6513  
City-St-Zip: PENSACOLA, FL 32503

Title: STD  
Name: MAYNARD, ROBERT L JR.  
Address: 301 W. MALLORY ST.  
City-St-Zip: PENSACOLA, FL 32501

Title: DIR  
Name: O'SULLIVAN, CATHERINE  
Address: 2321 INVERNESS DRIVE  
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN O'SULLIVAN

PD

03/06/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date