

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000004759

**Entity Name:** EXTREME PIZZA, INC.

**Current Principal Place of Business:**

7250 S. KIRKMAN RD.  
#103  
ORLANDO, FL 32819

**Current Mailing Address:**

7250 S. KIRKMAN RD.  
#103  
ORLANDO, FL 32819

**FEI Number:** 65-1005318

**Certificate of Status Desired:** No

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

LEFLER, ANN MARIE  
7250 S. KIRKMAN RD.  
#103  
ORLANDO, FL 32819 US

*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

**Officer/Director Detail :**

Title	P	Title	Y
Name	ANN MARIE, LEFLER	Name	CAMOES, MANUEL NORMAN
Address	7250 S. KIRKMAN RD. #103	Address	7250 S. KIRKMAN RD. #103
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 32819

*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:** ANNMARIE LEFLER

P

04/13/2018

Electronic Signature of Signing Officer/Director Detail

Date