

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000042956

Entity Name: EXTREME GOLF COURSE UNDERWATER SOLUTIONS, INC.**Current Principal Place of Business:**38615 STILL LANE
NORTH FORT MYERS, FL 33917**Current Mailing Address:**38615 STILL LANE
NORTH FORT MYERS, FL 33917**FEI Number:** 20-8953359**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TREYBIG, WANZA
38615 STILL LANE
NORTH FORT MYERS, FL 33917 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
Name	ROGERS, JOHN B
Address	38615 STILL LANE
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	VP
Name	ROGERS, JOHN B
Address	38615 STILL LANE
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	S
Name	ROGERS, JOHN B
Address	38615 STILL LANE
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	T
Name	ROGERS, JOHN B
Address	38615 STILL LANE
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	D
Name	ROGERS, JOHN B
Address	38615 STILL LANE
City-State-Zip:	NORTH FORT MYERS FL 33917

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: JOHN B ROGERS**PRESIDENT****03/20/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date