

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005442

Entity Name: LEHIGH X-TREME ALLSTARS, INC.

FILED
May 03, 2004
Secretary of State

Current Principal Place of Business:

1713 POINSETTIA AVENUE
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1359
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 80-0025875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, MARTHA
1713 POINSETTIA AVENUE
LEHIGH ACRES, FL 33936

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: CEO () Delete
Name: STEWART, MARTHA
Address: 1713 POINSETTIA AVENUE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D (X) Delete
Name: GUNN, KELLY
Address: 409 E. BOUGAINVILLEA ROAD
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MD () Delete
Name: SHILATZ, NANCY A
Address: 807 ERIC AVENUE NORTH
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D () Delete
Name: ESPOSITO, ROSEMARIE
Address: 904 ESPOSITO LN
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFOD (X) Change () Addition
Name: SHILATZ, NANCY A
Address: 807 ERIC AVENUE NORTH
City-St-Zip: LEHIGH ACRES, FL 33971

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY A. SHILATZ

CFOD

05/03/2004

Electronic Signature of Signing Officer or Director

Date