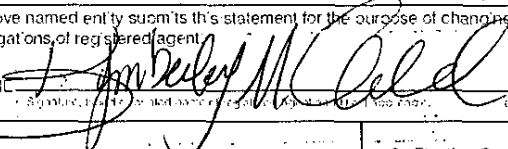
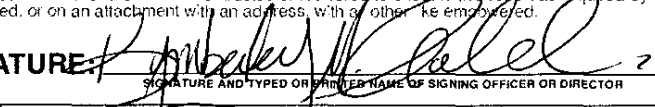


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90021 035 ***150.00

DOCUMENT # P00000077090					
1. Entity Name EXTREME INVESTMENTS OF NORTH FLORIDA, INC.					
Principal Place of Business 1655 THE GREENS WAY #2421 JACKSONVILLE BEACH, FL 32250			Mailing Address 1655 THE GREENS WAY #2421 JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business 6099 Heckscher Drive		3. Mailing Address 6099 Heckscher Drive			
Suite, Apt. #, etc. Jacksonville FLORIDA		Suite, Apt. #, etc. Jacksonville FLORIDA			
City & State Jacksonville FLORIDA		City & State Jacksonville FLORIDA			
Zip 32266		Country USA		4. FEI Number 59-3666993	
5. Certificate of Status Desired ☐		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ARNOLD, KYMBERLEY M 1655 THE GREENS WAY #2421 JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Name Arnold, Kymberley M Street Address (P.O. Box Number is Not Acceptable) 6099 Heckscher Drive City Jacksonville FL Zip Code 32226		
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:  DATE: _____					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	P ☐ Delete				
NAME	ARNOLD, KYMBERLEY M				
STREET ADDRESS	1655 THE GREEN WAY #2421				
CITY ST ZIP	JACKSONVILLE BEACH, FL 32280				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY ST ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY ST ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY ST ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY ST ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY ST ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	P ☒ Change ☐ Addition				
NAME	Arnold, Kymberley M				
STREET ADDRESS	6099 Heckscher Drive				
CITY ST ZIP	Jacksonville, FL 32226				
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY ST ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY ST ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY ST ZIP					
12. I hereby certify that the information supplied with this filing does not qualify 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 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 another, be empowered.					
SIGNATURE:  DATE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					