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

02292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
6099 Heckscher Drive		6099 Heckscher Drive	
Suite, Apt. #, etc. Jacksonville Florida		Suite, Apt. #, etc.	
City & State		City & State Jacksonville Florida	
Zip 32266	Country USA	Zip 32226	Country USA

4. FEI Number 59-3666993 ☐ Applied For ☐ Not Applicable

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P ARNOLD, KYMBERLY M 1655 THE GREEN WAY #2421 JACKSONVILLE BEACH, FL 32280	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P Arnold, Kymberley M 6099 Heckscher Drive Jacksonville, FL 32226	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #