

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000002604**

1. Entity Name  
**XTREME HONDA, INC.**



Principal Place of Business

1019 US HWY 301 SOUTH  
TAMPA, FL 33619

Mailing Address

1019 US HWY 301 SOUTH  
TAMPA, FL 33619



04072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2704294**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PIERCE, M. WEBSTER  
203 SOUTH PARSONS AVENUE  
BRANDON, FL 33511

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IN THIS SPACE**

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, 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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME YOUNG, RANDY  
STREET ADDRESS 933 BUNKERVIEW DRIVE  
CITY-ST-ZIP APOLLO BEACH, FL 33572

TITLE STD  
NAME KLOCKES, HANS  
STREET ADDRESS 10204 ELBOW BEND DR  
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000510379  
04/29/06-80006-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/11/06 Daytime Phone # \_\_\_\_\_