

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P01000116330

1. Entity Name
**EXTREME MOTOR SPORTS OF FORT WALTON BEACH,
INC.**



Principal Place of Business
**164 EGLIN PKWY N.E.
FORT WALTON BEACH, FL 32548**

Mailing Address
**164 EGLIN PKWY N.E.
FORT WALTON BEACH, FL 32548**



04032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0023642	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WILKINS, BILLY
164 EGLIN PKWY. N.E.
FORT WALTON BEACH, FL 32548**

**DO NOT WRITE
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000884370
04/17/99-89040-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILKINS, BILLY
STREET ADDRESS	164 EGLIN PKWY NE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	VP
NAME	MONTALTO, SAM
STREET ADDRESS	164 N.E. EGLIN PKWY.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 duly empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/08

Date

Daytime Phone #