

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000043076

1. Entity Name
EXTREME FURNITURE DESIGN GROUP, INC.



Principal Place of Business
**1243 52ND STREET
UNIT 4&5
WEST PALM BEACH, FL 33407**

Mailing Address
**1934 COMMERCE LANE SUITE 2
JUPITER, FL 33458**



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **81-0548547** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SELDIN, KEITH A
1934 COMMERCE LANE SUITE 2
JUPITER, FL 33458**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**1000000235500
02/19/05-80010-012 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TIEMAN, ROBERT
STREET ADDRESS 16410 108TH TERRACE N
CITY-ST-ZIP JUPITER, FL 33478

TITLE VPD
NAME RUSSO, FRANK
STREET ADDRESS 5075 NW 98 WAY
CITY-ST-ZIP POMPANO BEACH, FL 33076

TITLE S
NAME TIEMAN, DEBRA
STREET ADDRESS 16410 108TH TERRACE N
CITY-ST-ZIP JUPITER, FL 33478

TITLE T
NAME RUSSO, STACEY
STREET ADDRESS 5075 NW 98 WAY
CITY-ST-ZIP POMPANO BEACH, FL 33076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Stacey Russo, Treasurer

2/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #