


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

06-01-2004 90002 003 \*\*\*150.00

<b>DOCUMENT # P02000044310</b> 1. Entity Name <b>XTREME VISIONS, INC.</b>					
Principal Place of Business <b>5715 DOVE DR NEW PORT RICHEY, FL 34652</b>			Mailing Address <b>5715 DOVE DR NEW PORT RICHEY, FL 34652</b>		
2. Principal Place of Business <b>5715 Dove Dr</b> Suite, Apt. #, etc.			3. Mailing Address <b>9230 Brindlewood</b> Suite, Apt. #, etc.		
City & State <b>New Port Richey, FL</b> Zip <b>34652</b> Country <b>USA</b>		City & State <b>Odessa, FL</b> Zip <b>33556</b> Country <b>USA</b>		4. FEI Number <b>01-0690615</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>PETERSON, NANCY A 5715 DOVE DR NEW PORT RICHEY, FL 34652</b>				7. Name and Address of New Registered Agent Name <b>Valerie Lundin</b> Street Address (P.O. Box Number is Not Acceptable) <b>9230 Brindlewood Dr.</b> City <b>Odessa</b> FL Zip Code <b>33556</b>	
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 <u><i>Valerie L. Lundin</i></u> DATE <u>5/25/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LUNDIN, VALERIE L 14120 ARBOR HILLS RD TAMPA, FL 33625	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9230 Brindlewood Dr. Odessa, FL 33556</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PETERSON, NANCY A 5715 DOVE DR NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Valerie Lundin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5/25/04</u> Daytime Phone # <u>813-299-4433</u>		

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