

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91255 048 \*\*\*150.00

DOCUMENT # P03000054511

1. Entity Name  
EXTREME CONSTRUCTION SERVICES, INC.



Principal Place of Business

625 E STATE RD #46  
LONGWOOD, FL 32732

Mailing Address

625 E STATE RD #46  
LONGWOOD, FL 32732

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202004

Chg-P

CR2E034 (10/03)

City & State

GENEVA, FLORIDA

City & State

GENEVA, FLORIDA

4. FEI Number

86-1060999

Applied For

Not Applicable

Zip

32732

Country

SEMINOLE

Zip

32732

Country

SEMINOLE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

URBAN, SCOTT J  
625 E STATE RD #46  
LONGWOOD, FL 32732

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

GENEVA

FL

Zip Code

32732

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME URBAN, SCOTT J  
STREET ADDRESS 625 E STATE RD #46  
CITY-ST-ZIP LONGWOOD, FL 32732

☐ Delete

TITLE PV  
NAME URBAN, SCOTT J  
STREET ADDRESS 625 E STATE RD #46  
CITY-ST-ZIP LONGWOOD, FL 32732

☐ Delete

TITLE ~~SCOTT J URBAN~~  
NAME ~~SCOTT J URBAN~~  
STREET ADDRESS ~~625 E STATE RD #46~~  
CITY-ST-ZIP ~~LONGWOOD, FL 32732~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 625 E. state rd #46  
CITY-ST-ZIP GENEVA, FL 32732

☒ Change ☐ Addition

TITLE PV  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ST  
NAME LISA R. URBAN  
STREET ADDRESS 625 E STATE RD #46  
CITY-ST-ZIP GENEVA, FL 32732

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SCOTT J URBAN, D, PV

4/29/04 407-349-3146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #