

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000064383

1. Entity Name
EAST COAST EXTREME, INC.



Principal Place of Business
7710 WILES ROAD
CORAL SPRINGS, FL 33067

Mailing Address
7710 WILES ROAD
CORAL SPRINGS, FL 33067



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEL Number
56-2364617

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TRAWNSKI, THOMAS
7710 WILES ROAD
CORAL SPRINGS, FL 33067

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IN THIS SPACE**

6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

**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 TRAWNSKI, THOMAS
STREET ADDRESS 7710 WILES ROAD
CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE VD
NAME TRAWNSKI, ROBERT JR.
STREET ADDRESS 7710 WILES ROAD
CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE STD
NAME TRAWNSKI, JOHN
STREET ADDRESS 7710 WILES ROAD
CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000460785
10/20/06-80024-012 150.00

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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: Thomas Trawnski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06
Date

84-757-0222
Daytime Phone #