2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 01, 2005
Secretary of State

DOCUMENT# P03000082494

Entity Name: EXTREME ENTERPRISES OF MARION COUNTY, INC.

Current Principal Place of Business:

P. O. BOX 1956
SILVER SPRINGS, FL 344891956

New Principal Place of Business:

P. O. BOX 5033
OCALA, FL 344785033

Current Mailing Address:

P. O. BOX 1956
SILVER SPRINGS, FL 344891956

New Mailing Address:

P. O. BOX 5033
OCALA, FL 344785033

FEI Number: 20-0079563 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLIGAN, JOHN C
2350 NE 40TH ST.
OCALA, FL 344792554 US

Name and Address of New Registered Agent:

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.

SIGNATURE: JOHN C. MILLIGAN

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MILLIGAN, JOHN C
Address: P. O. BOX 1956
City-St-Zip: SILVER SPRINGS, FL 344891956

Title: ST ( ) Delete
Name: MILLIGAN, ROBERT J
Address: P. O. BOX 1956
City-St-Zip: SILVER SPRINGS, FL 344891956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MILLIGAN, JOHN C
Address: 2350 N.E. 40TH. STREET
City-St-Zip: OCALA, FL 344792554

Title: STD (X) Change ( ) Addition
Name: MILLIGAN, ROBERT J
Address: 1825 N.E. 126TH. LANE
City-St-Zip: ANTHONY, FL 32617

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C. MILLIGAN PD 10/01/2005

Electronic Signature of Signing Officer or Director — Date