

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 24, 2005 08:00 AM  
Secretary of State

DOCUMENT # P03000087551

1. Entity Name

EXTREME PRODUCT SOLUTIONS, INC.



Principal Place of Business

7802 SW ELLIPSE WAY  
STUART FL 34997  
US

Mailing Address

PO BOX 922  
PALM CITY FL 34991  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

11-3697708

Applied For

Not Applicable

5. Certificate of Status Desired ☒ N/A

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALTMAN, JOSEPH M  
4245 SW LUDLUM ST  
PALM CITY FL 34990

Name

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

City

FL

Zip Code

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

JOSEPH M ALTMAN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

APR 20, 2005

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution ☒ N/A

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | MR                 | <input type="checkbox"/> Delete |
| NAME           | ALTMAN, JOSEPH M   |                                 |
| STREET ADDRESS | 4245 SW LUDLUM ST  |                                 |
| CITY- ST- ZIP  | PALM CITY FL 34990 |                                 |
| TITLE          | MRS                | <input type="checkbox"/> Delete |
| NAME           | ALTMAN, HOLLY M    |                                 |
| STREET ADDRESS | 4245 SW LUDLUM ST  |                                 |
| CITY- ST- ZIP  | PALM CITY FL 34990 |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY- ST- ZIP  |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY- ST- ZIP  |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY- ST- ZIP  |                    |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY- ST- ZIP  |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY- ST- ZIP  |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY- ST- ZIP  |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY- ST- ZIP  |  |   |

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02/24/05-80052-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 20, 2005

Date

772 463 2345

Daytime Phone #