


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000113616
 1. Entity Name
 XTREME VSS, INC.



Principal Place of Business
 5284 32ND AVENUE SW
 NAPLES, FL 34116

Mailing Address
 5284 32ND AVENUE SW
 NAPLES, FL 34116

DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number
 20-0331844

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

NOVATT, JEFF M
 821 FIFTH AVENUE SOUTH
 SUITE 201
 NAPLES, FL 34102

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

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

000000109817
 04/12/04-80058-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHMELZER, JEFFREY
STREET ADDRESS	5284 32ND AVENUE SW
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jeffrey Schmelzer 4-8-04 239-455-8311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #