

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000132881

1. Entity Name
EXTREME WELDING WORKS, INC.



Principal Place of Business
570 N. PINE ST.
PIERSON, FL 32180 US

Mailing Address
570 N. PINE ST.
PIERSON, FL 32180 US

2. Principal Place of Business
162 W. 2nd AVE
Suite, Apt. #, etc.

3. Mailing Address
162 W. 2nd AVE
Suite, Apt. #, etc.

City & State
PIERSON FL

City & State
PIERSON FL

Zip
32180

Country
USA

Zip
32180

Country
USA

09032004

Chg-P

CR2E034 (10/03)

4. FEI Number
20-0397920

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROACH, VIOLA
570 N. PINE ST.
PIERSON, FL 32180

7. Name and Address of New Registered Agent

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

162 W. 2nd AVE
City
PIERSON FL Zip Code 32180

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 Maxine Barnum TREASURER 9-29-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
ROACH, TRAVIS
570 N. PINE ST.
PIERSON, FL 32180 ☐ 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

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
CITY-ST-ZIP
DPS
ROACH, TRAVIS
162 W. 2nd AVE
PIERSON FL 32180 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ROACH, CLINTON L.
570 N. PINE ST
PIERSON FL 32180 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MAXINE BARNUM
162 W. 2nd AVE
PIERSON FL 32180 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 OCT -1 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



400041561844
10/04/04--01018--008 **\$61.25

Handwritten signature/initials