2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P03000132881

Entity Name: EXTREME WELDING WORKS, INC.

Current Principal Place of Business:

162 W 2ND AVE
PIERSON, FL 32180 US

New Principal Place of Business:

Current Mailing Address:

162 W 2ND AVE
PIERSON, FL 32180 US

New Mailing Address:

FEI Number: 20-0397920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAXINE, RDACH
162 W. 2ND AVE
PIERSON, FL 32180 US

Name and Address of New Registered Agent:

ROACH, MAXINE M T
338 TURNER RD
PIERSON, FL 32180 US

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: MAXINE ROACH 04/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: ROACH, TRAVIS
Address: 162 W 2ND AVE
City-St-Zip: PIERSON, FL 32180 US

Title: V ( ) Delete
Name: ROACH, CLINTON L
Address: 570 N PINE ST
City-St-Zip: PIERSON, FL 32180

Title: T (X) Delete
Name: ROACH, MAXINE
Address: 162 W. 2ND AVE.
City-St-Zip: PIERSON, FL 32180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: ROACH, TRAVIS
Address: 338 TURNER RD
City-St-Zip: PIERSON, FL 32180 US

Title: T (X) Change ( ) Addition
Name: ROACH, MAXINE M
Address: 338 TURNER RD
City-St-Zip: PIERSON, FL 32180 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MAXINE ROACH T 04/15/2009
Electronic Signature of Signing Officer or Director Date