

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000152579



1. Entity Name
EX-TREME LANDSCAPING & LAWN CARE, INC.

Principal Place of Business
4024 BOTHWELL TERR
TALLAHASSEE, FL 32317

Mailing Address
4024 BOTHWELL TERR
TALLAHASSEE, FL 32317

07 MAY 23 PM 3:38

STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #
8694 Shire Ridge Lp
Suite, Apt. #, etc.

3. Mailing Address
8694 Shire Ridge Lp
Suite, Apt. #, etc.

05232007 Chg-P CR2E034 (12/06)

City & State
Tally FL 32309
Zip
32309
Country
Leon

City & State
Tally FL 32309
Zip
32309
Country
Leon

4. FEI Number
30-0220345
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TOURNAY, PATRICK
1263 WALDEN RD
TALLAHASSEE, FL 32317

7. Name and Address of New Registered Agent

Name
Patrick Tournay
Street Address (P.O. Box Number is Not Acceptable)
8694 Shire Ridge Lp
City
Tallahussee FL Zip Code
32309

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

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

(NOTE: Registered Agent signature required when reinstating)

200104256662
05/12/07 01011 012 \$150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	TOURNAY, PATRICK	1263 WALDEN RD	TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Tournay, Patrick	8694 Shire Ridge Lp	Tally FL 32309	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

5-23-07