

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90018 040 ***150.00

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| DOCUMENT # P04000012790 1. Entity Name HOUSE OF EXXTREME RC HOBBIES, INC. | | | |
| Principal Place of Business 6127 BEACH BLVD. JACKSONVILLE, FL 32216 | | Mailing Address 2935 HERITAGE TRAIL JACKSONVILLE, FL 32257 | |
| 2. Principal Place of Business 5519 Beach Blvd | | 3. Mailing Address 2005 Mariposa Vista Ln | |
| Suite, Apt. #, etc. City & State Jacksonville, FL | | Suite, Apt. #, etc. #135 City & State Saint Augustine FL | |
| Zip 32207 | | Zip 32084 | |
| Country | | Country | |
| 4. FEI Number 90-0138751 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SHARP, VIRGINIA 2935 HERITAGE TRAIL JACKSONVILLE, FL 32257 | | 7. Name and Address of New Registered Agent Name: Virginia K. Sharp Street Address (P.O. Box Number is Not Acceptable): 2005 Mariposa Vista Ln #135 City: Saint Augustine FL Zip Code: 32084 | |
| 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: <u>Virginia K. Sharp</u> DATE: <u>3-8-2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE: P NAME: SHARP, BEN STREET ADDRESS: 2935 HERITAGE TRAIL CITY-ST-ZIP: JACKSONVILLE, FL 32257 | <input checked="" type="checkbox"/> Delete | TITLE: PVPSTD NAME: Ben Sharp STREET ADDRESS: 901 Ocean Blvd #44 CITY-ST-ZIP: Atlantic Beach, FL 32233 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: VP NAME: SHARP, BEN STREET ADDRESS: 2935 HERITAGE TRAIL CITY-ST-ZIP: JACKSONVILLE, FL 32257 | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: SEC NAME: SHARP, BEN STREET ADDRESS: 2935 HERITAGE TRAIL CITY-ST-ZIP: JACKSONVILLE, FL 32257 | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: <u>Ben Sharp</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: <u>4-4-05</u> Daytime Phone #: <u>904-348-9050</u> | |