

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000036515

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: XTREME BASS SERIES INC.

**Current Principal Place of Business:**

3438 E. LAKE DRIVE  
LAND O' LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2204  
LAND O' LAKES, FL 34639

**New Mailing Address:**

FEI Number: 57-1199906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLOCHER, MIKE  
3438 E. LAKE DRIVE  
LAND O' LAKES, FL 34639 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BLOCHER, MIKE  
Address: 3438 E. LAKE DRIVE  
City-St-Zip: LAND O' LAKES, FL 34639

Title: P ( ) Delete  
Name: SNIPES, GLENN  
Address: 7827 24TH AVENUE S  
City-St-Zip: TAMPA, FL 33619

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: MIKE BLOCHER

P

04/30/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date