


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90349 002 ***150.00

DOCUMENT # P04000096738

1. Entity Name
EXTREME CUSTOM BILLIARDS, INC.



Principal Place of Business
**37008 FORESTDEL DRIVE
 EUSTIS, FL 32736**

Mailing Address
**37008 FORESTDEL DRIVE
 EUSTIS, FL 32736**



2. Principal Place of Business
41329 Silver Dr.

3. Mailing Address
PO Box 2426

Suite, Apt. #, etc.

03282008 Chg-P CR2E034 (11/05)

City & State
Umatilla FL

City & State
Umatilla FL

Zip
32784

Country
Lake

4. FEI Number
20-1289407

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CONOD, JOHN W
 37008 FORESTDEL DRIVE
 EUSTIS, FL 32736**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
41329 Silver Dr.

City **Umatilla** FL Zip Code **32784**

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 next title if applicable (NOTF: Registered Agent Signature required when reinstating) DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONOD, JOHN W 37008 FORESTDEL DRIVE EUSTIS, FL 32736	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONOD, MARY R 37008 FORESTDEL DRIVE EUSTIS, FL 32736	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OSWALT, PATRICIA L 85 SPUR ROAD DEBARY, FL 32713	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41329 Silver Dr. Umatilla FL 32784	<input checked="" type="checkbox"/> Address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41329 Silver Dr. Umatilla FL 32784	<input checked="" type="checkbox"/> Address
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:  **3/25/06** (352) 551-0200
Signature and typed or printed name of signing officer or director Date Daytime Phone #