

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096738

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: EXTREME CUSTOM BILLIARDS, INC.

**Current Principal Place of Business:**

13227 BISCAYNE DR  
GRAND ISLAND, FL 32735

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2426  
UMATILLA, FL 32784

**New Mailing Address:**

13227 BISCAYNE DRIVE  
GRAND ISLAND, FL 32735

FEI Number: 20-1289407

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONOD, JOHN W  
41329 SILVER DR  
UMATILLA, FL 32784 US

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

CONOD, JOHN W  
13227 BISCAYNE DRIVE  
GRAND ISLAND, FL 32735 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: MARY F. CONOD

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CONOD, JOHN W  
Address: 13227 BISCAYNE DR.  
City-St-Zip: GRAND ISLAND, FL 32735

Title: VP ( ) Delete  
Name: CONOD, MARY R  
Address: 13227 BISCAYNE DR.  
City-St-Zip: GRAND ISLAND, FL 32735

Title: ST ( ) Delete  
Name: OSWALT, PATRICIA L  
Address: 85 SPUR ROAD  
City-St-Zip: DEBARY, FL 32713 US

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

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

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: MARY F CONOD

VP

04/27/2007

Electronic Signature of Signing Officer or Director

Date