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2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILETPO4000126154
SECRETARY OF STATE
DIVISION OF CORPORATIONS DOCUMENT # P04000126154 1. Entity Name 2 EXTREME AUTO GLASS, INC. 05 SEP -7 AM 10: 46 Principal Place of Business Mailing Address 7009 INTERBAY BLVD 7009 INTERBAY BLVD TOUTHOU # 513 # 513 **TAMPA, FL 33616 TAMPA, FL 33616** 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102005 Chg-P CR2E034 (10/03) City & State -City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KURAL, CARLO Street Address (P.O. Box Number is Not Acceptable) 7009 INTERBAY BLVD #513 **TAMPA, FL 33616** City Zip Code 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) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. . Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE ☐ Addition TITLE ☐ Channa KURAL, CARLO NAME NAME STREET ADDRESS 7009 INTERBAY BLVD # 513 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33616 ☐ Delete ☐ Chance ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Ocidte TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ---- Change - Addition ☐ Delete TITLE .TTLE -- .. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filting 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 attachinger-right an address, with all other like empowered.

Date

Daysme Phone 6

2 Extreme Auto Glass, Inc. PO Box 13278 Tampa, FL 33681-3278 (813) 714-6273

August 25, 2005

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: P04000126154 EIN# 20-1588924

To Whom It May Concern:

We write in response to the notice to dissolve above corporation. In January 10, we filed our annual report and send payment (copy of cancelled check attached); we never received any notice from the state informing us of any error in the filing. It was not until we called that we were informed the EIN was missing.

We kindly ask that you re-instate our corporation and do not charge us any penalty. We would have responded before shall we have received the notice from the state.

Your attention and cooperation regarding this matter is truly appreciated.

Sincerely,

Carlo Kural, President

2 Extreme Auto Glass, Inc.