

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126722

FILED
Apr 26, 2007
Secretary of State

Entity Name: XTREME FURNITURE INSTALLATIONS, INC

Current Principal Place of Business:

4101 SE 2ND AV
CAPE CORAL, FL 33914

New Principal Place of Business:

4040 WAREHOUSE ROAD
FT MYERS, FL 33912

Current Mailing Address:

P.O. BOX 100963
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 20-1574907 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GALLAGHER AND COMPANY PA
3501 DEL PRADO BLVD
STE 204
CAPE CORAL, FL 33904 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: DAIGLE WAKEMAN, LISA
Address: 628 SW 35TH ST
City-St-Zip: CAPE CORAL, FL 33914

Title: V () Delete
Name: MEYER, ANGIE
Address: 628 SW 35TH ST
City-St-Zip: CAPE CORAL, FL 33914

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: ANGIE MEYER

VP

04/26/2007

Electronic Signature of Signing Officer or Director

Date