


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90004 049 \*\*\*150.00

<b>DOCUMENT # P05000038199</b> 1. Entity Name <b>XTREME CARPENTRY, INC.</b>																													
Principal Place of Business <b>604 BOBCAT LN. KISSIMMEE, FL 34759</b>			Mailing Address <b>604 BOBCAT LN. KISSIMMEE, FL 34759</b>																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
<b>6. Name and Address of Current Registered Agent</b>  <b>ADAMS, BRIAN H 604 BOBCAT LN. KISSIMMEE, FL 34759</b>				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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: <u><i>Brian H Adams</i></u> (NOTE: Registered Agent signature required when reconstituting) DATE: <u>2/14/06</u>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																											
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ADAMS, BRIAN H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>604 BOBCAT LN.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>KISSIMMEE, FL 34759</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	ADAMS, BRIAN H		STREET ADDRESS	604 BOBCAT LN.		CITY - ST - ZIP	KISSIMMEE, FL 34759		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <u><i>Brian H Adams</i></u> DATE: <u>2/14/06</u> DAYTIME PHONE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

**66005335**



02102006 Chg-P CR2E034 (11/05)

4. FEI Number **141925191** Applied For ☐ Not Applicable ☐

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