2007 FOR PROFIT CORPORATION ANNUAL RÉPORT (AR)

Apr 09, 2007 08:00 A Secretary of State DOCUMENT # P05000121543 1. Entity Name X-TREME COATINGS, INC Mailing Address Principal Place of Business 327 43RD ST BLVD W PALMETTO FL 34221 327 43RD ST BLVD W PALMETTO FL 34221 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc 1st MOORE CR2E034 (10/06) Applied For 4. FEI Number City & State City & State 20-3443290 Not Applicable Country **\$8.75** Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo GAY, JIM Street Address (P.O. Box Number is Not Acceptable) 3984 SR 64 E **BRADENTON FL 34208** 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 DATE (NOTE Registered Ageni signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition THUE TITLE Delele STORTI, PATRICK M U00000694772 NAMÉ NAME 327 43RD ST BLVD W STRUCT ADDRESS 04/17/07-80035-002 150.00 STREET ADDRESS PALMETTO FL 34221 CHY-SI-ZIP CHY-ST-7IP Change ■ Addition ☐ Delete 100 NAME. STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Change-Addition Delete 11114 NAMI NAME STREET LADORESS STREET ADORESS CDY-SI-7P CHY-SI-7IP ■ Addition Delete ШЕ 2010 NAME MAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete THE TITLE NAME NAME STREET ADDRESS STREET LADORESS CHY-ST-7IP CHY-SI-ZIP ☐ Change ☐ Addition ☐ Delete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CJIY-SI-7IP

12. I hereby certify that the information supplied with this filips does not qualify for the exemptions contained in Section 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 eath, that I am an officer or director of the corporation or the receiver or true energy to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the same and the property of the receiver of the rec

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of the corporation or the receiver if changed, or on an attachmost

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