

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90221 043 ***150.00

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1. Entity Name
XTREME LINERS OF SWFL, INC.



Principal Place of Business
**2621 NE 9TH AVE
UNITS 8&9 BLDG 2
CAPE CORAL, FL 33909-2917**

Mailing Address
**C/O ROBERT D. ROYSTON, JR., ESQ.
P.O. BOX 60205
FORT MYERS, FL 33906**

40084082



2. Principal Place of Business - No P.O. Box #
2634 NE 9th Avenue

3. Mailing Address

Suite, Apt. #, etc.
Unit 17 & 18

Suite, Apt. #, etc.

03132007 Chg-P CR2E034 (12/06)

City & State
Cape Coral, FL

City & State

20-4054422

Applied For
Not Applicable

Zip
33909

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROYSTON, ROBERT D JRESQ
C/O COSTELLO ROYSTON & POND
12670 NEW BRITTANY BLVD STE 101
FORT MYERS, FL 33907**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DUNCAN, JOSEPH R JR
3424 SW 17TH PLACE
CAPE CORAL, FL 33914** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVST
DUNCAN, LISA A
3424 SW 17TH PLACE
CAPE CORAL, FL 33914** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOLLAND, KEVIN
3217 SW 11TH PALCE
CAPE CORAL, FL 33914** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VIRGA, DENNIS P
1805 COLUMBUS AVE
LEHIGH ACRES, FL 33972** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Lisa A. Duncan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 239-633-2147
Date Daytime Phone #