

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000136590

Entity Name: XTREME VALUE MOTORS, INC.

FILED  
May 05, 2009  
Secretary of State

## Current Principal Place of Business:

4990 S SUNCOAST BLVD  
HOMOSASSA, FL 34446

## New Principal Place of Business:

## Current Mailing Address:

4990 S SUNCOAST BLVD  
HOMOSASSA, FL 34446

## New Mailing Address:

FEI Number: 20-5832179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROPES, KAREN  
6587 W OST WEST ST  
HOMOSASSA, FL 34446 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROPES, KAREN  
Address: 6587 W. OST WEST ST  
City-St-Zip: HOMOSASSA, FL 34446

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP/T ( ) Change (X) Addition  
Name: PHILLIPS, MARYBETH  
Address: 6674 OST WEST ST  
City-St-Zip: HOMOSASSA, FL 34446 US

Title: D ( ) Change (X) Addition  
Name: MATTHEWSON, CAL  
Address: 6587 OST WEST ST  
City-St-Zip: HOMOSASSA, FL 34446 US

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: MARYBETH PHILLIPS

VP

05/05/2009

Electronic Signature of Signing Officer or Director

Date