

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000107639

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Entity Name:** XTREME EQUIPMENT REPAIR, INC.

**Current Principal Place of Business:**

6734 LAKEVILLE ROAD  
ORLANDO, FL 32718

**New Principal Place of Business:**

5614 CARDER ROAD  
ORLANDO, FL 32810

**Current Mailing Address:**

PO BOX 1015  
PLYMOUTH, FL 32718

**New Mailing Address:**

5614 CARDER ROAD  
ORLANDO, FL 32810

**FEI Number:** 45-4156410

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ESTEP, JEFFREY R  
6734 LAKEVILLE ROAD  
ORLANDO, FL 32718 US

**Name and Address of New Registered Agent:**

ESTEP, JEFFREY R  
5614 CARDER ROAD  
ORLANDO, FL 32810 US

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

02/22/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D--P  
Name: ESTEP, JEFFREY R  
Address: 6734 LAKEVILLE ROAD  
City-St-Zip: ORLANDO, FL 32718

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY R. EXTEP

PRES

02/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date