

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2004 8:00 am
Secretary of State

04-26-2004 90554 041 ***150.00

DOCUMENT # P97000074104

1. Entity Name
EXTREME T'S INC.



Principal Place of Business
**705 PONDELLA ROAD, #1
NORTH FORT MYERS, FL 33903**

Mailing Address
**705 PONDELLA ROAD, #1
NORTH FORT MYERS, FL 33903**

66423330



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0785478

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MILLER, WILLIAM D
2662 WEST POINT LANE
MATLACHA, FL 33-9935**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, WILLIAM D 2662 WEST POINT LANE MATLACHA, FL 33993
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**DO NOT WRITE
IN THIS SPACE**

12: I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

(Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #