

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**FILED**

**Jan 24, 2005 08:00 AM**

**Secretary of State**

*Dept - OF STATE*



01202005 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME MILLER, WILLIAM D  
STREET ADDRESS 2662 WEST POINT LANE  
CITY-ST-ZIP MATLACHA, FL 33993

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

1100000192440  
01/25/05-80018-008 150.00

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

*1/17/05*

Date

*239 9578501*

Daytime Phone #