

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000010553

FILED
Feb 08, 2005
Secretary of State

Entity Name: FLORIDA XTREME INCORPORATED

Current Principal Place of Business:

460 N ORLANDO AVE
STE 100
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1842 SAILFISH CT
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-3495855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWEN, PHILLIP
1842 SAILFISH CT
KISSIMMEE, FL 34744 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OWEN, PHILLIP C
Address: 1509 SUNSET POINTE PLACE
City-St-Zip: KISSIMMEE, FL 34744

Title: S () Delete
Name: OWEN, AMIE E
Address: 1842 SAILFISH CT
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: OWEN, MARIAN L
Address: 1509 SUNSET POINTE PLACE
City-St-Zip: KISSIMMEE, FL 34744

Title: V () Delete
Name: OWEN, PHILLIP DENNIS
Address: 1842 SAILFISH CT
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PHILLIP D OWEN

VP

02/08/2005

Electronic Signature of Signing Officer or Director

Date