

Apr 29, 2004 10:02AM

No. 1433 P. 1

FILED

Apr 30, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000004409 1. Entity Name EXTREME PROPERTIES, INC.	
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Principal Place of Business 4631 NW 31 AVE STE 133 TAMARAC, FL 33309	Mailing Address 4631 NW 31 AVE STE 133 TAMARAC, FL 33309
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04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 65-0890787	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HADDEN ANTHONY 4631 NW 31 AVE STE 133 TAMARAC FL 33309
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**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 14% if applicable) (NOTIC: Registered Agent signature required when changing)
04/30/04 80140-009 150.00

**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 HUDDEN, ANTHONY 4631 NW 31ST AVE #133 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V ADAMS, ELIJAH 4631 NW 31 AVE STE 133 TAMARAC, FL 33309
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**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 individuals empowered.

SIGNATURE: Anthony Hadden Anthony Hadden 4/29/04 224-6325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #