

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002812 1. Entity Name EXSULTATE! INC.	
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Principal Place of Business 104 WEST VENICE AVE. SUITE 31-5 VENICE, FL 34285	Mailing Address EXSULTATE! BOX 394 VENICE, FL 34284
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DO NOT WRITE IN THIS SPACE



02042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 75-3036470	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROBERTS, JANET
104 WEST VENICE AVE.
SUITE 31-5
VENICE, FL 34285**

**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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2005**

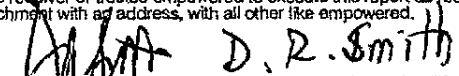
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HARTLEY, MICHAEL 104 WEST VENICE AVE., 10 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS PETTERSON, CAROL 708 SOUTH TAMiami TRAIL, #103 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ROBERTS, JANET 1283 FLYING BRIDGE LN OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALKER, DON 222 SOUTHAMPTON LN VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, THOMAS 999 INLET CIR., A204 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD JARRETT, MARTHA 718 GOLDEN BEACH BLVD., UNIT 10 VENICE, FL 34285

**DO NOT WRITE
IN THIS SPACE**

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02/10/05-80071-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:  **D. R. Smith** **2/5/05** **941-443-9488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #