2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N02000002812

1. Entity Name
EXSULTATE! INC.

Principal Place of Business	Mailing Address
104 WEST VENICE AVE. SUITE 31-5 VENICE, FL 34285	EXSULTATE! BOX 394 VENICE, FL 34284

02042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

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

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02/10/05-80071-025 61.25

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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 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 2/5/05 941-493-9488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #