

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90005 007 ***150.00

DOCUMENT # P03000107209 Entity Name EXCEL-ERATE, INC.					
Principal Place of Business 2401 OAK PARK DR DELAND, FL 32724			Mailing Address 2401 OAK PARK DR DELAND, FL 32724		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		County		Zip	
5. Name and Address of Current Registered Agent FERRARI, CHERYL L 2401 OAK PARK DR DELAND, FL-32724				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 20-0271057					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
9. The undersigned hereby certifies that the information furnished for the purpose of changing the registered office or registered agent, or both, in the State of Florida, is true and correct, and except the obligations of registered agent.					
SIGNATURE (Signature, Typed or printed name of registered agent and the filer, if applicable. (FILER) Registered Agent information required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			2. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERRARI, CHERYL L 2401 OAK PARK DR DELAND, FL 32724	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERRARI, DAVID S SR 2401 OAK PARK DR DELAND, FL 32724	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 as an attachment with no changes, with all other first requirement.					
SIGNATURE: <i>Cheryl L. Ferrari</i>			4/30/04 386-738-9381		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		