


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P96000070599 1. Entity Name A-EXCELLENT SERVICE, INC. |  |
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| | |
|--|--|
| Principal Place of Business POST OFFICE BOX 11214 POMPANO BEACH FL 33061 | Mailing Address POST OFFICE BOX 11214 POMPANO BEACH FL 33061 |
|--|--|



MOORE CR2E034 (11/03)

| | | | |
|--------------------------------|---------------------|---|--|
| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number 65-0692328 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | City & State | 6. Name and Address of Current Registered Agent | |
| Zip | Country | Zip | Country |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent GIES, LEEANN 12570 ORANGE GROVE BLVD. ROYAL PALM BEACH FL 33411 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

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 reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | WEISS, WALTER JR |
| STREET ADDRESS | 13296 80TH LANE N |
| CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 |
| TITLE | VP <input type="checkbox"/> Delete |
| NAME | WEISS, LOREEN A |
| STREET ADDRESS | 13296 80TH LANE N |
| CITY-ST-ZIP | ROYAL PALM BEACH FL 33411 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | U00000040298 |
| STREET ADDRESS | 02/03/04-80042-015 150.00 |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 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 like empowered.

SIGNATURE: Walter Weiss Jr **WALTER WEISS JR** 2/2/04 954-946-9494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #