

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000005836**

1. Entity Name  
**XL TECHGROUP, INC.**



Principal Place of Business  
**1901 S. HARBOR CITY BLVD. 3RD FLOOR  
MELBOURNE, FL 32901**

Mailing Address  
**1901 S. HARBOR CITY BLVD. 3RD FLOOR  
MELBOURNE, FL 32901**

**DO NOT WRITE IN THIS SPACE**



03282007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1885322**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MOHLER, MARK R  
1901 HARBOR CITY BLVD STE 300  
MELBOURNE, FL 32901**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	VERNON, GEOFFREY N
STREET ADDRESS	1901 S. HARBOR CITY BLVD. 3RD FLOOR
CITY-ST-ZIP	MELBOURNE, FL 32901

TITLE	CEOD
NAME	SCOTT, JOHN S
STREET ADDRESS	1901 S. HARBOR CITY BLVD. 3RD FLOOR
CITY-ST-ZIP	MELBOURNE, FL 32901

TITLE	COOD
NAME	HASKELL, GREGORY W
STREET ADDRESS	1901 S. HARBOR CITY BLVD. 3RD FLOOR
CITY-ST-ZIP	MELBOURNE, FL 32901

TITLE	CFOS
NAME	SZOSTAK, DAVID P
STREET ADDRESS	1901 S. HARBOR CITY BLVD. 3RD FLOOR
CITY-ST-ZIP	MELBOURNE, FL 32901

TITLE	D
NAME	HEATH, ANDREW J
STREET ADDRESS	1901 S. HARBOR CITY BLVD. 3RD FLOOR
CITY-ST-ZIP	MELBOURNE, FL 32901

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000687626  
04/10/07-80047-019 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/29/07**

Date

**321-409-7500**

Daytime Phone #