

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 463209

Entity Name: XERXES LIMITED, INC.

FILED
May 04, 2005
Secretary of State

Current Principal Place of Business:

35070 SMOKETREE LN
RIDGE MANOR, FL 33523

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 462
TRILBY, FL 33593

New Mailing Address:

FEI Number: 59-1642400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISSELL, CYNTHIA
35070 SMOKETREE LN
TAMPA FLORIDA, FL 33593 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: BISSELL, TOM
Address: 809 W. RIVER DRIVE
City-St-Zip: TAMPA, FL 33617

Title: VD () Delete
Name: BISSELL, CYNTHIA
Address: 35070 SMOKETREE LN
City-St-Zip: RIDGE MANOR, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BISSELL, CYNTHIA
Address: 35070 SMOKETREE LN
City-St-Zip: RIDGE MANOR, FL 33523

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA A. BISSELL

PRES

05/04/2005

Electronic Signature of Signing Officer or Director

_____ Date