


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000001424 1. Entity Name EXCEL INDUSTRIES, INC.	
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Principal Place of Business 200 S. RIDGE ROAD HESSTON, KS 67062	Mailing Address PO BOX 7000 HESSTON, KS 67062
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DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number 48-0663592	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COOKS POWER EQUIPMENT DISTRIBUTOR, INC. 395 W. ENTERPRISE STREET OCOE, FL 34761	DO NOT WRITE IN THIS SPACE
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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 <u><i>Lydia G. Cook</i></u> Signature, typed or printed name of registered agent and title if applicable	<u><i>Lydia G. Cook</i></u> (NOTE: Registered Agent signature required when reinstating)	<u><i>2-2-05</i></u> DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVTM MULLET, BOB 200 S. RIDGE ROAD HESSTON, KS 67062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSM MULLET, PAUL 200 S. RIDGE ROAD HESSTON, KS 67062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSON, KENT 608 RANDOM ROAD HESSTON, KS 67062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOONTZ, LYLE 4708 PORTWEST WICHITA, KS 67204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, CHUCK 3415 BAYVIEW CIRCLE WICHITA, KS 67204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000218815
02/08/05-80002-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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 title empowered.		
SIGNATURE: <u><i>Robert Mullet</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u><i>1/28/05</i></u> Date	<u><i>620-327-1148</i></u> Daytime Phone #