

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001424

Entity Name: EXCEL INDUSTRIES, INC.

FILED  
Jan 06, 2006  
Secretary of State

## Current Principal Place of Business:

200 S. RIDGE ROAD  
HESSTON, KS 67062

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 7000  
HESSTON, KS 67062

## New Mailing Address:

FEI Number: 48-0663592

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COOKS POWER EQUIPMENT DISTRIBUTOR, INC.  
395 W. ENTERPRISE STREET  
OCOE, FL 34761 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: CVTM ( ) Delete  
Name: MULLET, BOB  
Address: 200 S. RIDGE ROAD  
City-St-Zip: HESSTON, KS 67062

Title: PSM ( ) Delete  
Name: MULLET, PAUL  
Address: 200 S. RIDGE ROAD  
City-St-Zip: HESSTON, KS 67062

Title: D ( ) Delete  
Name: HENSON, KENT  
Address: 608 RANDOM ROAD  
City-St-Zip: HESSTON, KS 67062

Title: D ( ) Delete  
Name: KOONTZ, LYLE  
Address: 4708 PORTWEST  
City-St-Zip: WICHITA, KS 67204

Title: D ( ) Delete  
Name: MILLER, CHUCK  
Address: 3415 BAYVIEW CIRCLE  
City-St-Zip: WICHITA, KS 67204

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BOB MULLET

CVTM

01/06/2006

Electronic Signature of Signing Officer or Director

Date