


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 A
Secretary of State

DOCUMENT # F15098		
1. Entity Name X-CLUSIVE INVESTMENT PROPERTIES, INC.		
Principal Place of Business 901 EUCLID AVE ORLANDO, FL 32806 US		Mailing Address PO BOX 722 ORLANDO, FL 32802-0722 US
DO NOT WRITE IN THIS SPACE		
		01122005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2066273
6. Name and Address of Current Registered Agent BURZEE, PHYLLIS T 901 EUCLID AVENUE ORLANDO, FL 32806		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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 _____ (NOTE: Registered Agent signature required when reissuing) _____ 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP BURZEE, PHYLLIS T 901 EUCLID AVE ORLANDO, FL 32806	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV BURZEE, JAMES A 901 EUCLID AVE ORLANDO, FL 32806	
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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 like empowered		
SIGNATURE:  V.P. JAMES A. BURZEE		2/1/05 407 228-1763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #