

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # G12618

1. Entity Name
**EXCLUSIVE INVESTMENT MANAGEMENT AND
CONSULTANTS, INC.**



Principal Place of Business

**901 EUCLID AVE
ORLANDO, FL 32806 US**

Mailing Address

**PO BOX 722
ORLANDO, FL 32802-0722 US**



01042008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2242169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURZEE, PHYLLIS T
901 EUCLID AVENUE
ORLANDO, FL 32806**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**UD00000812567
02/12/08-80054-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BURZEE, PHYLLIS T.
STREET ADDRESS 901 EUCLID AVENUE
CITY-ST-ZIP ORLANDO, FL 32806

TITLE VD
NAME BURZEE, JAMES A.
STREET ADDRESS 901 EUCLID AVENUE
CITY-ST-ZIP ORLANDO, FL 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
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: _____

JAMES A. BURZEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08
Date

407 228-1763
Daytime Phone #