


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # G68335**  
 1. Entity Name  
**EXCLUSIVE CONTRACTORS, INC.**



Principal Place of Business % LIZ HARVEY BURSE 277 10TH AVENUE BARTOW, FL 33830	Mailing Address % LIZ HARVEY BURSE 277 10TH AVENUE BARTOW, FL 33830
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**DO NOT WRITE IN THIS SPACE**



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2345574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 BURSE, LIZ HARVEY  
 277 10TH AVENUE  
 BARTOW, FL 33830

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BURSE, JASON C ROUTE 3 BOX 842 BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BURSE, LIZ HARVEY ROUTE 3 BOX 842 BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 04/12/04-80026-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Liz Harvey Burse / Liz Harvey Burse* 4/7/04 863 533-5593  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #