

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G68335

FILED  
Apr 11, 2011  
Secretary of State

Entity Name: EXCLUSIVE CONTRACTORS, INC.

**Current Principal Place of Business:**

% LIZ HARVEY BURSE  
277 10TH AVENUE  
BARTOW, FL 33830

**New Principal Place of Business:**

% LIZ HARVEY BURSE  
277 10TH AVENUE  
BARTOW, FL 33830 US

**Current Mailing Address:**

% LIZ HARVEY BURSE  
277 10TH AVENUE  
BARTOW, FL 33830

**New Mailing Address:**

% LIZ HARVEY BURSE  
277 10TH AVENUE  
BARTOW, FL 33830 US

FEI Number: 59-2345574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURSE, LIZ HARVEY  
277 10TH AVENUE  
BARTOW, FL 33830 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: BURSE, LIZ HARVEY  
Address: 277 S. 10TH AVENUE  
City-St-Zip: BARTOW, FL 33830 US

Title: VPD  
Name: BURSE, LIZ HARVEY  
Address: 277 S. 10TH AVENUE  
City-St-Zip: BARTOW, FL 33830 US

I hereby 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 all other like empowered.

SIGNATURE: LIZ HARVEY BURSE

SEC

04/11/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date