2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H57357

1. Entity Name
SERVICE EXCELLENCE, INC.

Principal Place of Business	Mailing Address
7023 SW 46 ST. MIAMI, FL 33155	7023 SW 46 ST. MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

01042007　　No Chg-P　　CR2E034 (11/05)

4. FEI Number	Applied For
59-2546365	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARPER, LYNN M
7023 SW 46 STR
MIAMI, FL 33155

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, 2007 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.　　OFFICERS AND DIRECTORS

TITLE	PVPS
NAME	HARPER, LYNN M
STREET ADDRESS	7023 SW 46TH ST
CITY-ST-ZIP	MIAMI, FL 33155

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000744840
05/16/07-80005-004 150.00

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: _____ 4-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　Date　　Daytime Phone #