

2007 FOR PROFIT CORPORATION ANNUAL REPORT

2/1

FILED
Mar 07, 2007 8:00 am
Secretary of State

02-14-2007 90052 018 ****50.00
03-07-2007 90007 015 ****100.00

DOCUMENT # H74281

1. Entity Name
EXCEPTIONAL CONSULTING SERVICES, INC.



Principal Place of Business
**6287 HEARTLAND CIRCLE
TALLAHASSEE, FL 32312**

Mailing Address
**1560 CAPITAL CIR. NW
STE. 16
TALLAHASSEE, FL 32303**

40030512



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2571865

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOTICK, LEE R.
6287 HEARTLAND CIRCLE
TALLAHASSEE, FL 32312**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 also if applicable.

(NOTE: Registered Agent signature required when resigning)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
KOTICK, LEE R.
6287 HEARTLAND CIRCLE
TALLAHASSEE, FL 32312**

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☐ Addition

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:

Lee R. Kotick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/07 445-9504