

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90663 031 \*\*\*\*61.25

**DOCUMENT # N03000003543**

1. Entity Name

EXCELLENT REACH, INC.



Principal Place of Business

4465 NW 16TH TERRACE  
OAKLAND PARK FL 33309

Mailing Address

4465 NW 16TH TERRACE  
OAKLAND PARK FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

56-2346958

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

KNUDSEN, VIRGINIA S  
4465 NW 16TH TERRACE  
OAKLAND PARK FL 33309

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME KNUDSEN, VIRGINIA S  
STREET ADDRESS 4465 NW 16TH TERRACE  
CITY-ST-ZIP OAKLAND PARK FL 33309

TITLE D ☐ Delete  
NAME KNUDSEN, DEAN C  
STREET ADDRESS 4465 NW 16TH TERRACE  
CITY-ST-ZIP OAKLAND PARK FL 33309

TITLE D ☐ Delete  
NAME MONTALVO, VIRGINIA  
STREET ADDRESS 4465 NW 16TH TERRACE  
CITY-ST-ZIP OAKLAND PARK FL 33309

TITLE D ☐ Delete  
NAME KNUDSEN, ADAM  
STREET ADDRESS 4465 NW 16TH TERRACE  
CITY-ST-ZIP OAKLAND PARK FL 33309

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:

*Virginia S. Knudsen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIRGINIA S. KNUDSEN

APRIL 1, 2004

Date

Daytime Phone #

7721362  
9543092747