

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90040 032 ****61.25



DOCUMENT # N06000011391
 1. Entity Name
XCEL-REBELS CHEER, INC.

Principal Place of Business
 12230 CITATION ROAD
 SPRING HILL, FL 34610

Mailing Address
 12230 CITATION ROAD
 SPRING HILL, FL 34610



2. Principal Place of Business - No P.O. Box #
6813 Land O'Lakes Blvd.

3. Mailing Address
PO Box 2276

Suite, Apt. #, etc.
Land O'Lakes Florida

Suite, Apt. #, etc.
Land O'Lakes

City & State
Florida

City & State
Florida

01172008 Chg-NP CR2E037 (12/06)

Zip **34639** Country **USA**

Zip **34639** Country **USA**

4. FEI Number
20-5828072

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, AMY E
 12230 CITATION ROAD
 SPRING HILL, FL 34610

7. Name and Address of New Registered Agent

Name
Nena M Myers

Street Address (P.O. Box Number is Not Acceptable)
12230 Citation Road

City
Spring Hill FL Zip Code **34610**

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 Nena M Myers Nena M Myers 3/24/2008

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

Filing Fee is \$61.25 Due by May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	DVP HILL, AMY E 12230 CITATION ROAD SPRING HILL, FL 34610	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYERS, NENA M 12230 CITATION ROAD SPRING HILL, FL 34610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DENICOURT, NANCY 20478 GARDENIA DR LAND O'LAKES, FL 34639	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Nena M Myers Nena M Myers 3/24/2008 813-995-9805

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