

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000006303

FILED
May 05, 2006
Secretary of State

Entity Name: FLORIDA EXCEL INDUSTRIES, INC.

Current Principal Place of Business:

3210 REYNOLDS RD
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

PO BOX 6498
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 59-3660089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARROLL, FRED E
PO BOX 6498
LAKELAND, FL 33807 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: CARROLL, FRED
Address: PO BOX 6498
City-St-Zip: LAKELAND, FL 33807

Title: V () Delete
Name: CARROLL, ALICE
Address: PO BOX 6498
City-St-Zip: LAKELAND, FL 33807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRED CARROLL

PST

05/05/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date