

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90013 047 ***150.00

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1. Entity Name

EXSEL CONSTRUCTION & DEVELOPMENT CORP.



Principal Place of Business

120 DEL PRADO BLVD., #4
CAPE CORAL FL 33990

Mailing Address

120 DEL PRADO BLVD., #4
CAPE CORAL FL 33990

54022754



MOORE

CR2E034 (11/03)

2. Principal Place of Business

**3436 MARINATOWN LN,
Suite, Apt. #, etc.
U-2**

3. Mailing Address

**3436 MARINATOWN LN,
Suite, Apt. #, etc.
U-2**

City & State

N. FT. MYERS

City & State

N. FT. MYERS

Zip

33903

Country

LEE

Zip

33903

Country

LEE

4. FEI Number

65-0991016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PAYNE, JAMES E III
120 DEL PRADO BLVD., #4
CAPE CORAL FL 33990**

7. Name and Address of New Registered Agent

Name **JAMES E. PAYNE III**
Street Address (P.O. Box Number is Not Acceptable)
3436 MARINATOWN LN, U-2
City **N. FT. MYERS** FL **33903**

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PAYNE, JAMES E III**
CITY-ST-ZIP **2211 S.E. 3RD STREET
CAPE CORAL FL 33990**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RUCKDESCHEL, ROBERT F**
CITY-ST-ZIP **1717 S.E. 15TH TERRACE
CAPE CORAL FL 33990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04

Date

239-656-5085

Daytime Phone #