2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000017201

1. Entity Name
EXCELLER, INC.

FILED
04 AUG -4 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
17781 SE FEDERAL HWY
TEQUESTA, FL 33469

Mailing Address
17781 SE FEDERAL HWY
TEQUESTA, FL 33469

07152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1102832
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RYAN, MICHAEL J
17781 SE FEDERAL HWY
TEQUESTA, FL 33469

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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 $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RYAN, MICHARL J
STREET ADDRESS	17781 SE FEDERAL HIGHWAY
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	AS
NAME	RYAN, LILA J
STREET ADDRESS	17781 SE FEDERAL HIGHWAY
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	VP
NAME	AGAR, RICHARD J
STREET ADDRESS	17781 SE FEDERAL HWY
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2 Corp AR'S 8/4

600040323836
08/19/04--01034--020 **850.00

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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: _____ 7-22-04 1 561 746 1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #