
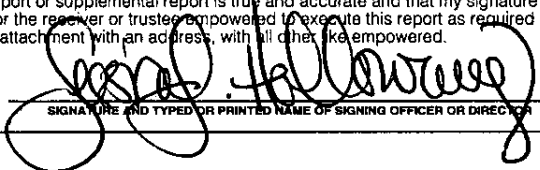


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90001 037 \*\*\*558.75

<b>DOCUMENT # P01000043855</b> 1. Entity Name <b>EXCEL CHEER &amp; FITNESS, INC.</b>					
Principal Place of Business <b>353 PLAZA DRIVE EUSTIS, FL 32726</b>			Mailing Address <b>353 PLAZA DRIVE EUSTIS, FL 32726</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>P.O. Box 1709</b>		
City & State <b>EUSTIS, FL</b>			4. FEI Number <b>59-3714685</b>		
Zip <b>32726</b>			Country <b>USA</b>		
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD HOLLOWAY, JESSICA L. <input type="checkbox"/> Delete 353 PLAZA DRIVE EUSTIS, FL 32726		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T/D Holloway, Jessica L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 353 Plaza Drive Eustis, FL 32726	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD SIMMONS, SHANE A <input checked="" type="checkbox"/> Delete 353 PLAZA DRIVE EUSTIS, FL 32726		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Holloway, JoEllen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 353 Plaza Drive Eustis, FL 32726	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Buckland, Brianna E. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 353 Plaza Drive Eustis, FL 32726	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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"/> Delete		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 exemption stated in Section 119.07(3)(f), 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.					
<b>SIGNATURE:</b> 			Date: <b>9/2/04</b> Daytime Phone #: <b>352-551-9780</b>		