



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90482 048 ***150.00

DOCUMENT # P01000059479					
1. Entity Name EXECUSOURCES, INC.					
Principal Place of Business 5803 LEGACY CRESCENT PL., #103 RIVERVIEW, FL 33569			Mailing Address P.O. BOX 235 LITHIA, FL 33547		
2. Principal Place of Business 29203 S. Corley Island Rd Suite, Apt. #, etc.		3. Mailing Address P.O. Box 491331 Suite, Apt. #, etc.			
City & State Leesburg, FL		City & State Leesburg, FL		4. FEI Number 59-3736175	
Zip 34748		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERRIN, JOHN P ESQ. 8875 HIDDEN RIVER PKWY., STE. 300 TAMPA, FL 33637			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEAL, TERRY L 5803 LEGACY CRESCENT PL., #103 RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEAL, TERRY L. 29203 S. Corley Island Rd Leesburg, FL 34748	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Terry L. Neal</u>			4-30-05 352-504-5291		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		