## 2007 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

**FILED** ANNUAL REPORT Jan 26, 2007 08:00 AM **DOCUMENT # P01000075037 Secretary of State** 1. Entity Name EXCESS LANDS, INC. Principal Place of Business Mailing Address 606 CYPRESS GARDENS BLVD. 606 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 No Chg-P CR2E034 (11/05) 01152007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3740191 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DAVIS, STANLEY C 606 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33880 IN THIS SPACE 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 DATE (NOTE: Registered Agent signature required when reinstating) U00000605635 01/30/07-80042-023 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PTSD** TITLE NAME DAVIS, STANLEY C 606 CYPRESS GARDENS BLVD STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE IIDE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; 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

MING OFFICER OR DIRECTOR

Daytime Phone #

Date