


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90299 017 ***150.00

DOCUMENT # P03000013021 1. Entity Name EXCALIBUR CHILDRENS SERVICE, INC.	
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Principal Place of Business 5861 N. HIGHWAY 441 OCALA, FL 33474	Mailing Address 5861 N. Highway 441 P.O. Box 6662 Ocala FL 34478
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DO NOT WRITE IN THIS SPACE



02182005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3744392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TAYKAN, ARIE A
7880 N. UNIVERSITY DRIVE
201
TAMARAC, FL 33321

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

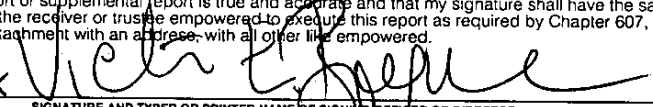
9. Election Campaign Financing Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOLLER, DAVID 5861 N. HIGHWAY 441 OCALA, FL 33474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOYNE, VICTORIA 5861 N. HIGHWAY 441 OCALA, FL 33474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **3/8/05** Daytime Phone # _____