

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90031 012 ***150.00

DOCUMENT # P03000092998

1. Entity Name
 XCELTEK, INC.



Principal Place of Business
 P.O. BOX 970824
 COCONUT CREEK, FL 33097

Mailing Address
 P.O. BOX 970824
 COCONUT CREEK, FL 33097

94023303



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

01-0796899

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OQUIST, CHRISTOPHER
 4225 NW 1ST DRIVE
 DEERFIELD BEACH, FL 33442

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
 NAME STANICH, TODD
 STREET ADDRESS P.O. BOX 970824
 CITY-ST-ZIP COCONUT CREEK, FL 33097

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME IODICE, DEAN
 STREET ADDRESS P.O. BOX 970824
 CITY-ST-ZIP COCONUT CREEK, FL 33097

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD Delete
 NAME OQUIST, CHRISTOPHER
 STREET ADDRESS P.O. BOX 970824
 CITY-ST-ZIP COCONUT CREEK, FL 33097

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Todd Stanich
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04
 Date

262.925.3045
 Daytime Phone #