

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 21, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90003 031 \*\*\*150.00

**DOCUMENT # P03000098810**

1. Entity Name  
**EXCELL MX, INC.**



Principal Place of Business  
**21551 ARBOR WAY  
BOCA RATON, FL 33433**

Mailing Address  
**21551 ARBOR WAY  
BOCA RATON, FL 33433**

**66433927**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08232004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number **20-0224120** Applied For  
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

**TOLLEFSON, BRIAN J  
21551 ARBOR WAY  
BOCA RATON, FL 33433**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P.D  
TOLLEFSON, BRIAN J  
21551 ARBOR WAY  
BOCA RATON, FL 33433** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
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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:

*Brian Tollefson* **Brian Tollefson / Pres**

**9/26/04**

**407-383-3872**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

Attachment 66433927

# P03000098810

Excell MX, Inc.  
21551 Arbor Way  
Boca Raton FL, 33433

Saturday, August 21, 2004

Department of State  
Division of Corporations  
PO Box 6198  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is our annual report for Excell MX, Inc. along with a check for \$150. We did not receive the original form and we would appreciate if you can accept this filing without any penalty. I was living in the Orlando area for a good part of the year and my mail was being forwarded to me but I do not remember ever having received the original copy.

Thank you for your cooperation.

Sincerely,

  
Brian Tollefson