

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90193 009 \*\*\*150.00

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<b>DOCUMENT # P04000014797</b> 1. Entity Name <b>RONALD EXCELLENT, INC.</b>					
Principal Place of Business <b>2711 RED LION SQUARE WINTER PARK, FL 32792</b>			Mailing Address <b>2711 RED LION SQUARE WINTER PARK, FL 32792</b>		
2. Principal Place of Business <b>1647 Semoran N. Circle</b> Suite, Apt. #, etc. <b>101</b>		3. Mailing Address <b>1647 Semoran N. Circle</b> Suite, Apt. #, etc. <b>101</b>		04062005    Chg-P    CR2E034 (10/03)	
City & State <b>Winter Park</b>		City & State <b>Winter Park</b>		4. FEI Number <b>57-1196394</b>	
Zip <b>32792</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MOTHERSIL, FRANTZY 1930 LAKESHORE CIRCLE LONGWOOD, FL 32750</b>				7. Name and Address of New Registered Agent Name <b>Ronald Excellent</b> Street Address (P.O. Box Number is Not Acceptable) <b>1647 Semoran N. Circle #101</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32792</b>	
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 <u><b>Ronald Excellent</b></u> DATE <u><b>4/8/05</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>EXCELLENT, RONALD</b> <b>2711 RED LION SQUARE</b> <b>WINTER PARK, FL 32792</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Excellent Ronald</b> <b>1647 Semoran N. Circle</b> <b>Winter Park FL 32792</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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><b>Ronald Excellent</b></u> Date <u><b>4-8-05</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					