


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90077 013 ***150.00

DOCUMENT # P04000019829	
1. Entity Name EXCELL CONSTRUCTION & DEVELOPMENT CO.	

Principal Place of Business 4771 S.W. 70TH TERRACE DAVIE FL 33314 US	Mailing Address 4771 S.W. 70TH TERRACE DAVIE FL 33314 US
--	--



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 761 HOLLY LN Suite, Apt. #, etc. Plantation, FL. City & State 33317-1836. Zip 33317-1836 Country U.S.A	3. Mailing Address P.O. BOX 16203 Suite, Apt. #, etc. Plantation, FL. City & State 33318-6205 Zip U.S.A Country
---	---

4. FEI Number 200629161	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANCHEZ, CLAUDIA 4771 S.W. 70TH TERRACE DAVIE FL 33314	
--	--

7. Name and Address of New Registered Agent Name SANCHEZ, CLAUDIA Street Address (P.O. Box Number is Not Acceptable) 761 HOLLY LN City Plantation FL Zip Code 33317	
--	--

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 Claudia Sanchez (P) DATE 4-25-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
---	--

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SANCHEZ, CLAUDIA 4771 S.W. 70TH TERRACE DAVIE FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, CLAUDIA 761 HOLLY LN Plantation, FL. 33317-1836 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MERSKIN, DOUGLAS 4771 S.W. 70TH TERRACE DAVIE FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MERSKIN, DOUGLAS 761 HOLLY LN Plantation, FL. 33317-1836. <input checked="" type="checkbox"/> Change <input 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
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
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
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: Claudia Sanchez CLAUDIA SANCHEZ 4-25-05 (954)316-6251 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Daytime Phone #
--	------	-----------------