

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000033221

Entity Name: EXCELLENT SUPPLY, INC.

FILED
Aug 21, 2009
Secretary of State

Current Principal Place of Business:

2820 SCHERER DRIVE N.
SUITE #220
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

2820 SCHERER DRIVE N.
SUITE #220
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 20-0765579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELINAS, RICHARD J JR
2820 SCHERER DRIVE N.
SUITE #220
ST. PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GELINAS, RICHARD J JR.
Address: 2820 SCHERER DRIVE N. SUITE #220
City-St-Zip: ST. PETERSBURG, FL 33716

Title: VP () Delete
Name: NANCY, GELINAS
Address: 2820 SCHERER DRIVE N. SUITE #220
City-St-Zip: ST. PETERSBURG, FL 33716

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: CLARKIN, JO M
Address: 2820 SCHERER DRIVE N. SUITE #220
City-St-Zip: ST PETERSBURG, FL 33716

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY H GELINAS

VP

08/21/2009

Electronic Signature of Signing Officer or Director

Date