

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90227 003 \*\*\*150.00



**DOCUMENT # P04000035985**  
 1. Entity Name  
**EXCALIBUR FINISHING CARPENTRY, INC.**

Principal Place of Business  
**18492 EASTSHORES DR  
 FT MYERS, FL 33912**

Mailing Address  
**18492 EASTSHORES DR  
 FT MYERS, FL 33912**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

City & State  
 Zip Country

6. Name and Address of Current Registered Agent  
**TAX HOUSE CORPORATION  
 1261 E SAMPLE RD  
 POMPANO BEACH, FL 33064**

7. Name and Address of New Registered Agent  
 Name  
**METRO BUSINESS SOLUTIONS, INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3940 METRO PKWY SUITE 105**  
 City  
**FORT MYERS** FL Zip Code  
**33916**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTOS, GERROBSON 18942 EASTSHORES DR FT MYERS, FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARROS, ADENIR 3731 WINKLER AVENUE #1222 FORT MYERS, FL 33916 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANTOS, ARISTIDES 18492 EASTSHORE DRIVE FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: \_\_\_\_\_ Date: **03.23.06.** (239) 267-9384



03232007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-0777108**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required