2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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01-31-2005 90068 039 ***150.00

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1. Entity Name
XCEL CONSTRUCTION INC

66003327

01252005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
105 W. QUAYLE AVE EUSTIS, FL 32726	105 W. QUAYLE AVE EUSTIS, FL 32726

2. Principal Place of Business	3. Mailing Address
	P O Box 1769
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Eustis FL 32727
Zip / Country	Zip: 32727 / Country

4. FEI Number: 20-0879714 ☐ Applied For ☐ Not Applicable

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
WHITE, PAUL 105 QUAYLE AVE EUSTIS, FL 32726	Name: Michelle White Street Address (P.O. Box Number is Not Acceptable): ~~105 W Quayle Avenue~~ City: Eustis FL Zip Code: 32726

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] Michelle White 1-25-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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 WHITE, PAUL 105 QUAYLE AVE EUSTIS, FL 32726 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Gloria A White 105 W Quayle Ave Eustis FL 32726 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WHITE, MICHELLE 105 QUAYLE AVE EUSTIS, FL 32726 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/Director Willie J Wilson 105 W Quayle Ave. Eustis FL 32726 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] Paul White -President 1-25-05 352-589-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #