

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90077 007 \*\*\*163.75

<b>DOCUMENT # P04000049690</b> 1. Entity Name <b>EXCELLENCE BUSINESS SOLUTIONS, INC.</b>					
Principal Place of Business <b>16555 BRIGADOON DRIVE TAMPA, FL 33618</b>			Mailing Address <b>16555 BRIGADOON DRIVE TAMPA, FL 33618</b>		
2. Principal Place of Business <b>525 14th Ave, NW</b>		3. Mailing Address <b>525 14th Ave, NW</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Largo, Florida</b>		City & State <b>Largo Florida</b>		4. FEI Number <b>20-0970673</b>	
Zip <b>33770</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CURRY, DEBORAH A 16555 BRIGADOON DRIVE TAMPA, FL 33618</b>		7. Name and Address of New Registered Agent Name <b>Deborah Curry Humbel</b> Street Address (P.O. Box Number is Not Acceptable) <b>525 14th Ave, NW</b> City <b>Largo</b> <b>FL</b> Zip Code <b>33770</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>Deborah Curry Humbel</u> <span style="float: right;">7-8-05</span> <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 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CURRY, DEBORAH A 16555 BRIGADOON DRIVE TAMPA, FL 33618</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, V, T, S Deborah Curry Humbel 525 14th Ave, NW Largo, FL 33770</b> <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	
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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	
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.					
<b>SIGNATURE:</b> <u>Deborah Curry Humbel</u> <u>Deborah Curry Humbel</u> <span style="float: right;">7-8-05</span> <span style="float: right;">813-610-6785</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

20063607



05312005 Chg-P CR2E034 (10/03)

Department of Health • Vital Statistics

STATE OF FLORIDA  
MARRIAGE RECORD

TYPE IN UPPER CASE  
USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

ATTACHMENT  
204000049690

200603601

Name change  
due to marriage

(STATE FILE NUMBER)

2005 ML 458369

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) SCOT ALAN HUMBEL			2. DATE OF BIRTH (Month, Day, Year) 01/25/1968	
3a. RESIDENCE - CITY, TOWN, OR LOCATION LARGO		3b. COUNTY PINELLAS		3c. STATE FL
5a. BRIDE'S NAME (First, Middle, Last) DEBORAH ANN CURRY			5b. MAIDEN SURNAME (if different) CURRY	
7a. RESIDENCE - CITY, TOWN, OR LOCATION LARGO		7b. COUNTY PINELLAS		7c. STATE FL
			6. DATE OF BIRTH (Month, Day, Year) 02/28/1964	
			8. BIRTHPLACE (State or Foreign Country) FLORIDA	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED  
ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE  
NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>[Signature]</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 06/15/2005	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>[Signature]</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 08/15/2005	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	


LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM  
A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST  
BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE PINELLAS		18. DATE LICENSE ISSUED 06/15/2005		18a. DATE LICENSE EFFECTIVE 06/18/2005		19. EXPIRATION DATE 08/17/2005	
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>[Signature]</i>				20b. TITLE CLERK OF CIRCUIT COURT		20c. BY D.C. TB	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) June 25, 2005		22. CITY, TOWN, OR LOCATION OF MARRIAGE Redington Shores	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>		23c. ADDRESS (Of person performing ceremony) 12053 Tuscan Bay Dr #103, Tampa, 33626	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp)  Kimberly C Sanders My Commission DD048190 Expires 12-31-05		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	

SEAL

STATE OF FLORIDA - PINELLAS COUNTY  
I hereby certify that the foregoing is a true  
copy as the same appears among the files  
and records of this court.

This 30 day of JUNE, 20 05

KEN BURKE  
Clerk of Circuit Court

By: *[Signature]*  
Deputy Clerk

