2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2005 8:00 am Secretary of State DOCUMENT # P04000129623 05-02-2005 90538 033 ***150.00 EXCEL SWIM, BIKE AND RUN INC Principal Place of Business Mailing Address **5215 VENICE WAY NE 5215 VENICE WAY NE** ST PETERSBURG, FL 33703 ST PETERSBURG, FL 33703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 201615184 Not Applicable Country Žο Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **RUNYAN, LYNN** Street Address (P.O. Box Number is Not Acceptable) 5215 VENICE WAY NE ST PETERSBURG, FL 33703 City Zip Code FL 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 red opent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition RUNYAN, LYNN NAME NALÆ STREET ADDRESS 5215 VENICE WAY NE STREET ADDRESS ST PETERSBURG, FL 33703 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition RUNYAN, JUSTIN S NAME NAME 5231 - 10th St N St. Petersburg, FL 33703 STREET ADDRESS 450 15TH AVE #3 STREET ADDRESS ST PETERSBURG, FL 33704 CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change ☐ Addition FEY, ERIN NAME NAME STREET ADDRESS 9731 S BURNTWOOD CT STREET ADDRESS CITY-ST-ZIP HIGHLANDS RANCH, CO 80126 CITY-ST-ZIP VP, Sec ☐ Delete TIRE TITLE Change ☐ Addition VAN BENTHUYSEN, DEBRA NAME NAME 4851 1ST ST NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33703 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 reduct 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: _

(LYNN RUNYAN), Preside 1 4-29-05 727-527-3944 m Glingan