

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90550 020 ***150.00

DOCUMENT # P04000168070																																																																																																																																																											
1. Entity Name EXCALIBUR EXPRESS, INC.																																																																																																																																																											
Principal Place of Business 955 5TH PLACE VERO BEACH, FL 32962			Mailing Address P.O. BOX 651387 VERO BEACH, FL 32965																																																																																																																																																								
2. Principal Place of Business			3. Mailing Address																																																																																																																																																								
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																																								
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5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent WAFFORD, PHILLIP D 955 5TH PLACE VERO BEACH, FL 32962			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																								
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 of the Secretary of the corporation _____																																																																																																																																																											
Signature of the Registered Agent _____																																																																																																																																																											
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																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>WAFFORD, PHILLIP D</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>955 5TH PLACE</td> <td></td> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td>VERO BEACH, FL 32962</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>KELSEY, LAURIE E</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2180A MIDNIGHT SUN DR</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>EIELSON AFO, AK 99702</td> <td></td> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>WAFFORD, LINDA M</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>955 5TH PLACE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>VERO BEACH, FL 32962</td> <td></td> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY, ST, ZIP</td> <td></td> <td></td> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	WAFFORD, PHILLIP D		STREET ADDRESS			CITY, ST, ZIP	955 5TH PLACE		CITY, ST, ZIP				VERO BEACH, FL 32962					TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	KELSEY, LAURIE E		NAME			STREET ADDRESS	2180A MIDNIGHT SUN DR		STREET ADDRESS			CITY, ST, ZIP	EIELSON AFO, AK 99702		CITY, ST, ZIP			TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	WAFFORD, LINDA M		NAME			STREET ADDRESS	955 5TH PLACE		STREET ADDRESS			CITY, ST, ZIP	VERO BEACH, FL 32962		CITY, ST, ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY, ST, ZIP			CITY, ST, ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY, ST, ZIP			CITY, ST, ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY, ST, ZIP			CITY, ST, ZIP		
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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)(f), 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 person or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 10 or Book 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																																											
SIGNATURE: <i>Linda M. Wafford</i> LINDA M. WAFFORD 4/13/05 772 6335540																																																																																																																																																											
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																																																											