

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000113481

1. Entity Name
SYSTEM EXCELLENCE, INC.



FILED
Sep 12, 2008 08:00 AM
Secretary of State

Principal Place of Business
12571 EQUESTRIAN CIRCLE #908
FORT MYERS, FL 33907 US

Mailing Address
12571 EQUESTRIAN CIRCLE #908
FORT MYERS, FL 33907 US



08282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3345414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LORINCZY, GABOR
12571 EQUESTRIAN CIRCLE #908
FORT MYERS, FL 33907

**DO NOT WRITE
IN THIS SPACE**

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 GABOR LORINCZY

Signature, typed or printed name of registered agent and title if applicable.

Gabor Lorinczy

(NOTE: Registered Agent signature required when reinstating)

Sept 3, 2008

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LORINCZY, GABOR 12571 EQUESTRIAN CIRCLE FORT MYERS, FL 33907
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09/12/08-80001-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Gabor Lorinczy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/2008 (702) 236 1000
Date Daytime Phone #