2007 FOR PROFIT CORPORATION - ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-26-2007 90036 038 ***150.00

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1. Entity Name
EXCELLENT EDGAR SERVICES, INC.

Principal Place of Business
5415 BATES ST.
SEMINOLE, FL 33772

Mailing Address
5415 BATES ST.
SEMINOLE, FL 33772

2. Principal Place of Business - No P.O. Box #
8200 SEMINOLE BLVD.
Suite, Apt. #, etc.

3. Mailing Address
8200 Seminole Blvd.
Suite, Apt. #, etc.

01152007 Chg-P CR2E034 (12/06)

City & State: SEMINOLE FL
Zip: 33772 Country: USA

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Zip: 33772 Country: USA

4. FEI Number: 83-0454855 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HUNT, CLIFFORD J. ESQ.
146 SECOND ST. NORTH, STE. 300
ST. PETERSBURG, FL 33701

7. Name and Address of New Registered Agent
Name: CLIFFORD J. HUNT
Street Address (P.O. Box Number is Not Acceptable): 8200 SEMINOLE BLVD.
City: SEMINOLE FL Zip Code: 33772

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: Clifford J. Hunt — 01-18-07
Signature, typed or stamped 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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT / DIRECTOR ☐ Delete
NAME	NANCY W. HUNT
STREET ADDRESS	8200 SEMINOLE BLVD.
CITY-ST-ZIP	SEMINOLE FL 33772
TITLE	V.P. / DIRECTOR ☐ Delete
NAME	CLIFFORD J. HUNT
STREET ADDRESS	8200 SEMINOLE Blvd.
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Clifford J. Hunt, Vice President — 01-18-07 — 727 471-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #