2007 FOR PROFIT CORPORATION - ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State
01-26-2007 90036 038 ***150.00

DOCUMENT # P06000043410

1. Entity Name
EXCELLENT EDGAR SERVICES, INC.

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

01152007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8200 SEMINOLE BLVD.	8200 Seminole Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEMINOLE FL	City & State: Seminole, FL
Zip: 33772 Country: USA	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	7. Name and Address of New Registered Agent
HUNT, CLIFFORD J. ESQ. 146 SECOND ST. NORTH, STE. 300 ST. PETERSBURG, FL 33701	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: [signature] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 01-18-07

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PRESIDENT / DIRECTOR NAME: NANCY W. HUNT STREET ADDRESS: 8200 SEMINOLE BLVD. CITY-ST-ZIP: SEMINOLE FL 33772	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: V.P. / DIRECTOR NAME: CLIFFORD J. HUNT STREET ADDRESS: 8200 SEMINOLE Blvd. CITY-ST-ZIP: SEMINOLE, FL 33772	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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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: [signature], Vice President (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 01-18-07 Daytime Phone #: 727 471-0444