


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90011 027 ***150.00

DOCUMENT # P19198	
1. Entity Name EXCAL ENTERPRISES, INC.	

Principal Place of Business 100 N. TAMPA STREET STE. 3575 TAMPA FL 33602	Mailing Address 100 N. TAMPA STREET STE. 3575 TAMPA FL 33602
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2. Principal Place of Business 3502 Henderson Boulevard Suite, Apt. #, etc. Suite 201 City & State Tampa, FL Zip 33609 Country USA	3. Mailing Address 3502 Henderson Boulevard Suite, Apt. #, etc. Suite 201 City & State Tampa, FL Zip 33609 Country USA
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MOORE CR2E034 (11/03)

4. FEI Number 59-2855398	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBB, W. CAREY 100 N. TAMPA STREET STE. 3575 TAMPA FL 33602	
7. Name and Address of New Registered Agent Name Webb, W. Carey Street Address (P.O. Box Number is Not Acceptable) 3502 Henderson Boulevard, Suite 201 City Tampa FL Zip Code 33609	

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 W. Carey Webb President & CEO 02-06-04
Signature, typed or printed 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, 2004: Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NEWTON, R. PARK, III 100 N. TAMPA ST. STE. 3575 TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Newton, R. Park III 3502 Henderson Blvd., Suite 201 Tampa, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBB, W. CAREY 100 N. TAMPA ST. STE. 3575 TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Webb, W. Carey 3502 Henderson Blvd., Suite 201 Tampa, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASKEY, JOHN L. POST OFFICE BOX 18682 N/A TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Caskey, John L. PO Box 18682 Tampa, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NEWTON, ARIS 100 N. TAMPA ST. STE. 3575 TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Newton, Aris 3502 Henderson Blvd., Suite 201 Tampa, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tampa, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: W. Carey Webb 02-06-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #