

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19198

Entity Name: EXCAL ENTERPRISES, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

301 WEST PLATT STREET
SUITE 321
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

301 WEST PLATT STREET
SUITE 321
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-2855398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, W. CAREY
301 WEST PLATT STREET
SUITE 321
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: NEWTON, R. PARK, III
Address: 301 WEST PLATT STREET, SUITE 321
City-St-Zip: TAMPA, FL 33606

Title: P () Delete
Name: WEBB, W. CAREY
Address: ONE IMESON PARK BLVD., BLDG. 100
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: CASKEY, JOHN L.
Address: P.O. BOX 18682
City-St-Zip: TAMPA, FL 33609

Title: DV () Delete
Name: NEWTON, ARIS
Address: 301 WEST PLATT STREET, SUITE 321
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. CAREY WEBB

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04/15/2009

Electronic Signature of Signing Officer or Director

Date