

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20012

FILED  
Apr 11, 2011  
Secretary of State

**Entity Name:** EXCEL DECORATORS, INC.

**Current Principal Place of Business:**

4630 S KIRKMAN ROAD  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 42345  
INDIANAPOLIS, IN 46242

**New Mailing Address:**

**FEI Number:** 35-1134437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELLIOTT, DAVID L  
2625 S. ATLANTIC AVE., #20SE  
DAYTONA BEACH, FL 32118 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ELLIOTT, DAVID L  
Address: P.O. BOX 42345  
City-St-Zip: INDIANAPOLIS, IN 46242

Title: S  
Name: SCHLLING, ROBIN  
Address: P.O. BOX 42345  
City-St-Zip: INDIANAPOLIS, IN 46242

Title: T  
Name: SCHILLING, JACQUELINE  
Address: PO BOX 42345  
City-St-Zip: INDIANAPOLIS, IN 46242

Title: VHR  
Name: PIERCE, TIMOTHY  
Address: PO BOX 42345  
City-St-Zip: INDIANAPOLIS, IN 46242

Title: VCS  
Name: WINSCOTT, SONJA E  
Address: PO BOX 42345  
City-St-Zip: INDIANAPOLIS, IN 46242

I hereby 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 all other like empowered.

SIGNATURE: SONJA E WINSCOTT

VCS

04/11/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date