


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000012306</b>					
1. Entity Name <b>EXCEL AUTOMOTIVE, INC.</b>					
Principal Place of Business <b>3323 PEORIA ROAD ORANGE PARK FL 32065</b>			Mailing Address <b>3323 PEORIA ROAD ORANGE PARK FL 32065</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>STREEPER, JEFFERY 2704 HENLEY RD GREEN COVE SPRINGS FL 32043</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	



1st MOORE CR2E034 (10/05)

4. FEI Number **59-3156925** Applied For Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREEPER, JEFFERY			NAME			
STREET ADDRESS	2704 HENLEY RD			STREET ADDRESS			
CITY - ST - ZIP	GREEN COVE SPRINGS FL 32043			CITY - ST - ZIP	U000000545051 05/11/06-80059-025 150.00		
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREEPER, LISA			NAME			
STREET ADDRESS	2704 HENLEY RD			STREET ADDRESS			
CITY - ST - ZIP	GREEN COVE SPRINGS FL 32043			CITY - ST - ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAGENSICK, JOHN R			NAME			
STREET ADDRESS	813 FLOYD ST			STREET ADDRESS			
CITY - ST - ZIP	GREEN COVE SPRINGS FL 32043			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Jeffery R. Streeper* *Lisa R. Streeper* *4/27/06* *904-281-2661*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #