2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED May 03, 2007 08:00 A Secretary of State DOCUMENT # P94000070933 1. Entity Name **EXCEL PRINTING, INC.** Principal Place of Business Mailing Address **687 NE 5TH ST 687 NE 5TH ST** CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, FL 34429 No Chg-P 01292007 CR2E034 (11/05) Applied For 4. FEI Number 59-3269708 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BUCHANAN, MICHAEL K** DO NOT WRITE **687 NE 5TH ST** CRYSTAL RIVER, FL 34429 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS **P/VP** TITLE BUCHANAN, MICHAEL K NAME STREET ADDRESS 1150 W LEGION CT U000000758221 23/07-80102-018 150.00 CITY-ST-ZIP HERNANDO, FL 34442 TITLE **BUCHANAN, COLLETTA H** NAME STREET ADDRESS 1150 W LEGION CT CITY-ST-ZIP HERNANDO, FL 34442 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS C/TY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

5/1/07 35279562

Daytime Phone