## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Jan 31, 2008 08:00 AM DOCUMENT # P95000046823 **Secretary of State** EXCELSIOR AUTO BODY AND PAINT, INC. Principal Place of Business Mailing Address 1231 WEST 13TH STREET 1231 WEST 13TH STREET RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business - No P.O. Box.# 3. Mailing Adoress Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEI Number 65-0598158 Not Applicable Zıp Country Ζıp Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHELLING, DENNIS Street Address (P.O. Box Number is Not Acceptable) 1231 WEST 13TH STREET **RIVIERA BEACH FL 33404** Zip Code 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, typod or printed liamin of registered rigert and title. Lamplicable, (NOTE: Registried Agent eignoturn required whels reinstalling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change TITLE מו Deiete RTIS ☐ Addition SHELLING, DENNIS NAME NAME STREET ADDRESS STREET ADDRESS 15609 75 AVENUE NORTH CITY-ST-ZIP WEST PALM BEACH FL 33418 CITY-ST-ZIP Derete TETLE TITLE ☐ Change ☐ Addition SHELLING, LUCILLE STREET ADDRESS 15609 75 AVENUE NORTH STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33418 CITY-ST-ZIP Derete THLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS *U00000*08045 02/05/08-80071-021 150.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition THE Derete TITLE HAME NAME STREET ADORESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE De-ete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST - ZIP ☐ Derete TITLE Addition TITLE 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:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-08 561-944-9276
Date Daytone Fronte #