2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P9600064802							Feb 02, 2004 08:00 AM Secretary of State				
1. Entity Name EXCALIBUR GENERAL CONTRACTING, INC.								Secretai	yUI	Jiaic	
Principal Plan	e of Business		Madino	a Address			-				
4564 PHIPPS		-	Mailing Address 4564 PHIPPS DRIVE								
PORT ORANGE FL 32119 PORT ORANGE FL 32					119						
Principal Place of Business							-				
Suite, Apt. #, etc.			Sunte	Suite, Apt. #, etc				MOORE	CR2E03	4 (11/03)	
City & State			City	City & State			4. FI	59-339392	0	1 	plied For t Applicable
Zip	Country		Zıp					ertificate of Status Desired	X	\$8.75 Add Fee Required	
	and Address of Curr	d Agent		Name	7. N	ame and Address of New F	legistered	Agent			
GARY LEE WISNIEWSKI 4564 PHIPPS DR.							(P.O. Bo	ox Number is Not Acceptable	e)		
	RT ORANG				<u> </u>						
						City			F	Zip Code	e
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 Signature, types of priviled name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstating)											
		FEE IS \$150.00	gorn and the n rep	in the second se	:		1				
Afte	r May 1, 200	4 Fee will be \$550.						 Bection Campaign Fit Trust Fund Contribution 	-		O May Be I to Fees
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NAME	WISNIEWSKI, GARY L							000 00002 9 02/02/04-800	5024	1 1F0 75	
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NAME STREET ADDRESS	LOSEY, SCOTT 840 CENTRAL AVEBYE				NAM	ret adoress					
City - ST- ZIP	HOLLY HILL FL 32117					7-SJ-21P					
TITLE	VP			☐ Delete	TETL	l				Change	Addition
NAME STREET AODRESS	BANES, DAVID NA 1937 FRANK PLACE ST					NE EET ADDRESS					
CITY-ST-ZIP	SOUTH DA					(-ST-ZIP					
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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: 1/21/04 386-761-977										776	
AVIDIC	ONE: _	SIGNATURE AND TYPED	OR PRINTED NAM	E OF SIGNING OFFICER	OR DIREC	тоя		Date	150 1	Daytune Phone #	<u> </u>

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