
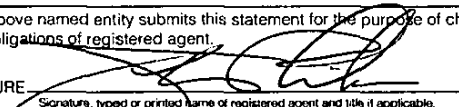
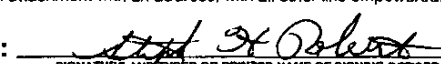


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90101 048 ***158.75

| | | | |
|---|---------------------------------|---|---|
| DOCUMENT # P97000004425 1. Entity Name EXCEL CUSTOM HOMES, INC. | |  | |
| Principal Place of Business 8560 CEDAR HAMMOCK CIRCLE 916 NAPLES, FL 34112 US | | Mailing Address 8560 CEDAR HAMMOCK CIRCLE 916 NAPLES, FL 34112 US | |
| 2. Principal Place of Business 3772 Baldwin Lane Suite, Apt. #, etc. | | 3. Mailing Address 3772 Baldwin Lane Suite, Apt. #, etc. | |
| City & State Naples Florida | | City & State Naples Florida | |
| Zip 34116 | | Zip 34116 | |
| Country US | | Country US | |
| 4. FEI Number 65-0723147 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PAULICH, JOHN III 801 ANCHOR RODE DR STE 203 NAPLES, FL 34103 | | 7. Name and Address of New Registered Agent Name CORPORATE REGISTERED AGENT, LLC Street Address (P.O. Box Number is Not Acceptable) 5147 CASTELLO DRIVE City NAPLES FL Zip Code 34103 | |
| 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  MGR | | DATE 4/4/05 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PVT NAME ROBERTS, STEPHEN H STREET ADDRESS 8560 CEDAN HAMMOCK CIRCLE #916 CITY-ST-ZIP NAPLES, FL 34112 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE 3772 Baldwin Lane STREET ADDRESS Naples Florida CITY-ST-ZIP 34116 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing 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:  | | Date 3/28/05 Daytime Phone # 239-398-5658 | |