


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90012 030 ***150.00

DOCUMENT # P97000010173	
1. Entity Name E.D.C./EXCELSIOR DEVELOPMENT COMPANY	

Principal Place of Business 2009 LONGWOOD-LAKE MARY ROAD SUITE 1015 LONGWOOD FL 32750	Mailing Address 2009 LONGWOOD-LAKE MARY ROAD SUITE 1015 LONGWOOD FL 32750
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



MOORE CR2E034 (4/04)

4. FEI Number 59-3428055	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUNIZZI, AMY K		NAME	
STREET ADDRESS 207 N. MOSS ROAD SUITE 201		STREET ADDRESS	
CITY-ST-ZIP WINTER SPRINGS FL 32708		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUNIZZI, LEE		NAME	
STREET ADDRESS 120 INTERNATIONAL PKWY #220		STREET ADDRESS	
CITY-ST-ZIP HEATHROW FL 32746		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUNIZZI, AMY		NAME	
STREET ADDRESS 120 INTERNATIONAL PKWY #220		STREET ADDRESS	
CITY-ST-ZIP HEATHROW FL 32746		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUNIZZI, JOHN		NAME	
STREET ADDRESS 120 INTERNATIONAL PKWY #220		STREET ADDRESS	
CITY-ST-ZIP HEATHROW FL 32746		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUNIZZI, LEE		NAME	
STREET ADDRESS 120 INTERNATIONAL PKWY #220		STREET ADDRESS	
CITY-ST-ZIP HEATHROW FL 32746		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 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:  **PRES.** **7-27-04** **407-771-4442**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
44050421

E. D. C.

STATE CERTIFIED
GENERAL CONTRACTOR

2009 LONGWOOD LAKE MARY RD., #1015, LONGWOOD, FL 32750
PHONE 407-771-4442 FAX 407-771-4452

July 27, 2004

Florida Department of State
Division of Corporations
P.O. Box 6850
Tallahassee, FL 32314

RE: Document #P97000010173

Dear Sirs:

Please find enclosed a check in the amount of One Hundred Fifty Dollars (\$150.00) for our 2004 Annual Report Fee. We never received our Annual Report Form in the mail, therefore, we respectfully request a waiver for the penalty.

Thank you for your consideration.

Sincerely,



Lee Munizzi
President

LM/mm