2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jul 29, 2004 8:00 am **ANNUAL REPORT (AR)** Secrétary of State DOCUMENT # P97000010173 07-29-2004 90012 030 ***150.00 E.D.C./EXCELSIOR DEVELOPMENT COMPANY Principal Place of Business Mailing Address 2009 LONGWOOD-LAKE MARY ROAD 2009 LONGWOOD-LAKE MARY ROAD TIUUUTHA SUITE 1015 LONGWOOD FL 32750 SUITE 1015 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State Applied For 59-3428055 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAPITAL CONNECTION, INC. Street Address (P.O. Box Number is Not Acceptable) 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE FL 32301 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS **i**1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition MUNIZZI, AMY K NAME 207 N. MOSS ROAD SUITE 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME MUNIZZI, LEE NAME STREET ADDRESS 120 INTERNATIONAL PKWY #220 STREET ADDRESS CITY-ST-ZIP HEATHROW FL 32746 CITY-ST-7IP TITLE ☐ Delete TITLE ■ Addition MUNIZZI, AMY NAME STREET ADDRESS 120 INTERNATIONAL PKWY #220 STREET ADDRESS CITY-ST-ZIP HEATHROW FL 32746 CITY-ST-ZIP VP ☐ Delete TIT! F Change Addition MUNIZZI, JOHN NAME STREET ADDRESS 120 INTERNATIONAL PKWY #220 STREET ADDRESS CITY-ST-ZIP HEATHROW FL 32746 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition MUNIZŽI. LEE NAME 120 INTERNATIONAL PKWY #220 STREET ADDRESS STREET ADDRESS HEATHROW FL 32746 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 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 frue 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

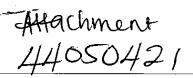
STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTO

7-27-04 407-771-444

FILED



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.

Sincerel

Lee Munizzi President

LM/mm