2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000010173

1. Entity Name
E.D.C./EXCELSIOR DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
2009 LONGWOOD-LAKE MARY ROAD SUITE 1015 LONGWOOD, FL 32750	2009 LONGWOOD-LAKE MARY ROAD SUITE 1015 LONGWOOD, FL 32750

DO NOT WRITE IN THIS SPACE

03062005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3428055
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MUNIZZI, AMY K
STREET ADDRESS	207 N. MOSS ROAD SUITE 201
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	P
NAME	MUNIZZI, LEE
STREET ADDRESS	120 INTERNATIONAL PKWY #220
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	VP
NAME	MUNIZZI, AMY
STREET ADDRESS	120 INTERNATIONAL PKWY #220
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	VP
NAME	MUNIZZI, JOHN
STREET ADDRESS	120 INTERNATIONAL PKWY #220
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	ST
NAME	MUNIZZI, LEE
STREET ADDRESS	120 INTERNATIONAL PKWY #220
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature] PRES 3-7-05 407-771-4442
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #