

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	
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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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03062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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.

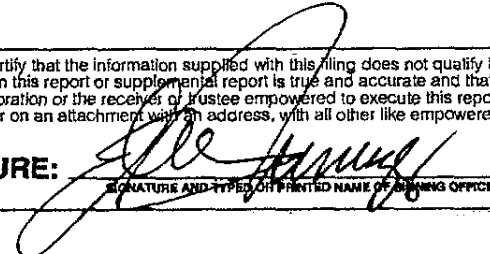
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

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

U00000259098 03/11/05-80011-004 150.00 DO NOT WRITE IN THIS SPACE
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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:  **PRES** **3-7-05** **407-771-4442**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #