

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90029 041 ***150.00

DOCUMENT # P99000046128

1. Entity Name

EXCALIBUR CAPITAL INVESTMENTS, INC.



Principal Place of Business

16060 BRISTOL LAKE CIR
ORLANDO FL 32828

Mailing Address

16060 BRISTOL LAKE CIR
ORLANDO FL 32828



2. Principal Place of Business - No P.O. Box #

724 Peninsula Overlook
Suite, Apt. #, etc.

3. Mailing Address

724 Peninsula Overlook
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Hampton La
Zip 30228 Country Henry

City & State

Hampton Ga
Zip 30228 Country Henry

4. FEI Number

59-3626830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARQUARDT, J. MATTHEW ESQ
625 COURT STREET SUITE 200
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MCGLONE, RICK
STREET ADDRESS 16060 BRISTOL LAKE CIR
CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete

TITLE V.P.
NAME MCGLONE, BARBARA V.P.
STREET ADDRESS 16060 BRISTOL LAKE CIR
CITY-ST-ZIP ORLANDO FL 32828 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-08 770-703-6484