

08 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000050532

1. Entity Name
EXECUTIVE INC.



Principal Place of Business
16186 ANDALUCIA LANE
DELRAY BEACH, FL 33446 US

Mailing Address
16186 ANDALUCIA LANE
DELRAY BEACH, FL 33446 US

2. Principal Place of Business

8465 Twin lakes Dr.
Suite, Apt. #, etc.

3. Mailing Address

8465 Twin lakes Dr.
Suite, Apt. #, etc.

City & State
Boca Raton, FL

Zip Country
33496 USA

City & State
Boca Raton, FL

Zip Country
33496 USA

4. FEI Number
65-0923891

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENNELLA, FRANK
16186 ANDALUCIA LANE
DELRAY BEACH, FL 33446

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8465 Twin lakes Dr
City Boca Raton FL Zip Code 33496

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MENNELLA, FRANK	
STREET ADDRESS	16186 ANDALUCIA LANE	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/SID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8465 Twin lakes Dr	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 #

FILED

06 JUL 12 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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5/16/06