

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G68335

**Entity Name:** EXCLUSIVE CONTRACTORS, INC.

**Current Principal Place of Business:**

% LIZ HARVEY BURSE  
277 S. 10TH AVENUE  
BARTOW, FL 33830

**Current Mailing Address:**

% LIZ HARVEY BURSE  
277 S. 10TH AVENUE  
BARTOW, FL 33830 US

**FEI Number:** 59-2345574

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURSE, LIZ HARVEY  
277 S. 10TH AVENUE  
BARTOW, FL 33830 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO, SECRETARY,  
                     TREASURER  
Name            BURSE, LIZ HARVEY  
Address        277 S. 10TH AVENUE  
City-State-Zip: BARTOW FL 33830

Title            VP, DIRECTOR  
Name            BURSE, JASON C SR.  
Address        277 S. 10TH AVENUE  
City-State-Zip: BARTOW FL 33830

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LIZ HARVEY BURSE

**PRESIDENT/CEO**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date