FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G47538

1. Entity Name
CUSHION EXPRESS, INC.

Principal Place of Business	Mailing Address
9095 17TH PL VERO BEACH, FL 32966	9095 17TH PL VERO BEACH, FL 32966

DO NOT WRITE IN THIS SPACE

03042004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2379994
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSSWAY, BRAD
5070 NORTH HIGHWAY A1A, SUITE200
VERO BEACH, FL 32963

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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 for each change(s).

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALLACE, JAMES A
STREET ADDRESS	925 FRANCISCAN AVE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	VST
NAME	WALLACE, HEIDI H
STREET ADDRESS	925 FRANCISCAN AVE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 the other like empowered.

SIGNATURE: Heidi Wallace HEIDI WALLACE 4/29/04 772-581-8977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #