2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State
04-11-2005 90162 013 ***150.00

DOCUMENT # P04000087643

1. Entity Name
GEORGIA XPRESS LUBES, INC.

Principal Place of Business
4686 SUNBEAM ROAD
SUITE 202
JACKSONVILLE, FL 32257

Mailing Address
4686 SUNBEAM ROAD
SUITE 202
JACKSONVILLE, FL 32257

2. Principal Place of Business: 183 Landrum Ln
Suite, Apt. #, etc.: Ste. 203
City & State: Ponte Vedra Bch, FL
Zip: 32082 Country: St Johns

3. Mailing Address: 183 Landrum Ln
Suite, Apt. #, etc.: Ste 203
City & State: Ponte Vedra Bch, FL
Zip: 32082 Country: St Johns

04042005 Chg-P CR2E034 (10/03)

4. FEI Number: 20-1201716 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
CANDETO, MICHAEL A
200 WEST FORSYTH STREET
SUITE 1100
JACKSONVILLE, FL 32202

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D ☐ Delete
NAME	FOWLER, TERRY L
STREET ADDRESS	8130 BAYMEADOWS WAY SUITE 308
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	D ☑ Delete
NAME	FOWLER, BRIAN L
STREET ADDRESS	4686 SUNBEAM ROAD SUITE 202
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/S/T ☑ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X Terry Fowler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/6/05 Daytime Phone # 904 509 1490