

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90027 015 ***150.00

DOCUMENT # K81508 1. Entity Name BALD EAGLE EXPRESS, INC.			
Principal Place of Business % CHARLES MILLER 6739 HATCHER RD LAKELAND, FL 33811		Mailing Address % CHARLES MILLER 6739 HATCHER RD LAKELAND, FL 33811	
2. Principal Place of Business - No P.O. Box # 6739 Hatcher Road		3. Mailing Address 6739 Hatcher Road	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Lakeland, FL		City & State Lakeland, FL	
Zip 33811		Zip 33811	
Country USA		Country USA	
4. FEI Number 59-2946586		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, CHARLES 6739 HATCHER RD LAKELAND, FL 33811		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, CHARLES 6739 HATCHER RD LAKELAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, LEOLA 6739 HATCHER RD LAKELAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, ELIZABETH 6739 HATCHER RD LAKELAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, SCHUYLER 6739 HATCHER RD LAKELAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Leola Miller</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-18-08</u> <u>863-646-5034</u> <small>Date Daytime Phone #</small>	

ATTACHMENT

40076986

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS[Home](#)[Contact Us](#)[E-Filing Services](#)[Document Searches](#)[Forms](#)[H](#)

Annual Report Online Filing

Document Number **K81508**Business Entity Name **BALD EAGLE EXPRESS, INC.**FEI Number **59** - **2946586**FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status ☐ \$8.75 (Optional)Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address **% CHARLES MILLER** (PO Box not acceptable)Suite, Apt. #, etc. **6739 HATCHER RD**City, State **LAKELAND**, **FL**Zip Code & Country **33811**

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise your mailing address.

☐ Mailing address same as principal addressAddress **% CHARLES MILLER**Suite, Apt. #, etc. **6739 HATCHER RD**City, State **LAKELAND**, **FL**Zip Code & Country **33811**

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

ATTACHMENT 40076986
#K81508

Business to serve as RA MILLER, CHARLES

Street Address in Florida 6739 HATCHER RD (PO Box not acceptable)

Suite, Apt. #, etc.

City, State LAKELAND, FL

Zip Code & Country 33811 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title P

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director MILLER, CHARLES

Street Address 6739 HATCHER RD

City, State LAKELAND, FL

Zip Code & Country

Name And Address #2

Title ST

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director MILLER, LEOLA

Street Address 6739 HATCHER RD

City, State LAKELAND, FL

Zip Code & Country

ATTACHMENT
40076986
#K81508

Name And Address #3

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #4

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #5

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

ATTACHMENT 40076986
#K81508

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.