

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143733

Entity Name: EXPRESS BILLING SOLUTIONS, INC**Current Principal Place of Business:**1113 MYRTLE LAKE VIEW DR.
FRUITLAND PARK, FL 34731**Current Mailing Address:**1113 MYRTLE LAKE VIEW DR.
FRUITLAND PARK, FL 34731 US**FEI Number:** 54-2141818**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAUDILL, PAM
1113 MYRTLE LAKE VIEW DR
FRUITLAND PARK, FL 34731 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	P
Name	CAUDILL, PAM
Address	1113 MYRTLE LAKE VIEW DR
City-State-Zip:	FRUITLAND PARK FL 34731

Title	VP
Name	CAUDILL, PAM
Address	1113 MYRTLE LAKE VIEW DR
City-State-Zip:	FRUITLAND PARK FL 34731

Title	C
Name	CAUDILL, PAM
Address	1113 MYRTLE LAKE VIEW DR
City-State-Zip:	FRUITLAND PARK FL 34731

Title	T
Name	CAUDILL, PAM
Address	1113 MYRTLE LAKE VIEW DR
City-State-Zip:	FRUITLAND PARK FL 34731

Title	S
Name	CAUDILL, PAM
Address	1113 MYRTLE LAKE VIEW DR
City-State-Zip:	FRUITLAND PARK FL 34731

Title	D
Name	CAUDILL, PAM
Address	1113 MYRTLE LAKE VIEW DR
City-State-Zip:	FRUITLAND PARK FL 34731

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: PAM CAUDILL

P

04/27/2014

Electronic Signature of Signing Officer/Director Detail_____
Date