

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90090 029 \*\*\*150.00

**DOCUMENT # F00000005125**

1. Entity Name  
**EXPRESS MARKING, INC.**



Principal Place of Business

7381 114TH AVE N  
SUITE 401A  
LARGO, FL 33773

Mailing Address

764 W. ALGONQUIN  
ARLINGTON HEIGHTS, IL 60005

94039522



**DO NOT WRITE IN THIS SPACE**

02202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**54-1776071**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FLOWERS, DAVE  
7381 114TH AVE, NORTH, STE 401A  
LARGO, FL 33773

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IN THIS SPACE**

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

*William F. Hachmann*

3-24-04

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, 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	PCD
NAME	HACHMANN, WILLIAM
STREET ADDRESS	764 W. ALGONQUIN
CITY-ST-ZIP	ARLINGTON HEIGHTS, IL
TITLE	ST
NAME	HACHMANN, JEAN
STREET ADDRESS	764 W. ALGONQUIN
CITY-ST-ZIP	ARLINGTON HEIGHTS, IL
TITLE	V
NAME	FLOWERS, DAVID
STREET ADDRESS	7381 114TH AVE NORTH, STE 401A
CITY-ST-ZIP	LARGO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

*William F. Hachmann*

WILLIAM HACHMANN

3/23/04

847-956-6990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #