


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F06601</b>	
1. Entity Name <b>EXPRESS INSTANT PRESS, INC.</b>	

Principal Place of Business <b>3208 2ND AVENUE NORTH #1 LAKE WORTH, FL 33461</b>	Mailing Address <b>3208 2ND AVENUE NORTH #1 LAKE WORTH, FL 33461</b>
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**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2039507</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CALIGIURI, DAN J  
3208 2ND AVENUE N.  
SUITE #1  
LAKE WORTH, FL 33461**

**DO NOT WRITE  
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: \_\_\_\_\_ (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 <b>P</b>	<b>CALIGIURI, DAN J</b>
NAME	<b>3208 2ND AVENUE NORTH</b>
STREET ADDRESS	<b>LAKE WORTH, FL 33461</b>
CITY-ST-ZIP	
TITLE <b>ST</b>	<b>CALIGIURI, LEE A</b>
NAME	<b>3208 2ND. AVE. NO. SUITE 1</b>
STREET ADDRESS	<b>LAKE WORTH, FL 33461</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/05-80043-002 150.00

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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)(l), 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 life empowered.

**SIGNATURE:** *Dan J. Caligiuri, President* **4-27-05 561-431-5511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #