

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000004778

1. Entity Name

ROCKY MOUNTAIN EXPRESS CORP.



Principal Place of Business

PO BOX 4209
EVERGREEN CO 80437-4209

Mailing Address

PO BOX 4209
EVERGREEN CO 80437-4209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-0918715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUDSON, JAMES E
2301 PARK AVE
STE 302
ORANGE PARK FL 32073

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 translating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME LENTZ, WILLIAM W
STREET ADDRESS 690 CLUB POND RD
CITY-ST-ZIP RAEFORD NC 28376

TITLE V ☐ Delete
NAME PEPKOWSKI, TIMOTHY
STREET ADDRESS 183 QUAKER WAY
CITY-ST-ZIP GOLDEN CO 80401

TITLE SVC ☐ Delete
NAME PACIFICO, VINCENT
STREET ADDRESS 83 MICHIGAN AVENUE
CITY-ST-ZIP MASSAPEQUA NY 11756

TITLE TD ☐ Delete
NAME ADELSON, SEYMOUR
STREET ADDRESS 50 E 79TH STREET
CITY-ST-ZIP NEW YORK NY 10021

TITLE D ☐ Delete
NAME STEPHENS, PHIL
STREET ADDRESS 2850 NE JELLISON ROAD
CITY-ST-ZIP BLUE SPRINGS MO 64015

TITLE C ☐ Delete
NAME HENDERSON, WILLIAM J
STREET ADDRESS 34095 RANCHERO DRIVE
CITY-ST-ZIP EVERGREEN CO 80439

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000255581
CITY-ST-ZIP 03/08/05-80020-007 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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: *D.A. Beezley* D.A. Beezley Controller

3/4/05 303 674-8522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #