


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000004778 1. Entity Name ROCKY MOUNTAIN EXPRESS CORP.	
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Principal Place of Business PO BOX 4209 EVERGREEN, CO 80437-4209	Mailing Address PO BOX 4209 EVERGREEN, CO 80437-4209
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 84-0918715	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 HUDSON, JAMES E 2301 PARK AVE STE 302 ORANGE PARK, FL 32073

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LENTZ, WILLIAM W 690 CLUB POND RD RAEFORD, NC 28376
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEPKOWSKI, TIMOTHY 183 QUAKER WAY GOLDEN, CO 80401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC PACIFICO, VINCENT 83 MICHIGAN AVENUE MASSAPEQUA, NY 11756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADELSON, SEYMOUR 50 E 79TH STREET NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, PHIL 2950 NE JELLISON ROAD BLUE SPRINGS, MO 64015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000622315
02/13/07-80020-013 150.00

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:  DA Beezley Controller <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/2/07 <small>Date</small>	303 674-8522 <small>Daytime Phone #</small>
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