
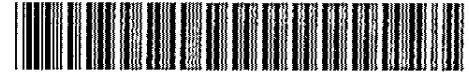


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

|  |                    |                                 |   |   |                                   |
|--|--------------------|---------------------------------|---|---|-----------------------------------|
| <b>DOCUMENT # K48060</b>   |                    |                                 |   |                                    |                                   |
| 1. Entity Name<br><b>EXPORT SERVICE, INC.</b>  |                    |                                 |   |   |                                   |
| Principal Place of Business<br><b>4 SEXTON WAY<br/>KEY LARGO FL 33037</b>  |                    |                                 | Mailing Address<br><b>4 SEXTON WAY<br/>KEY LARGO FL 33037</b> |   |                                   |
| 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 <b>65-0122316</b>   |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                    |                                 |   | Applied For Not Applicable  |                                   |
| 6. Name and Address of Current Registered Agent<br><b>LE-BERT, GEORGE C.<br/>4 SEXTON WAY<br/>KEY LARGO FL 33037</b>   |                    |                                 |   | 7. Name and Address of New Registered Agent   |                                   |
| Name   |                    |                                 |   | Street Address (P.O. Box Number is Not Acceptable)  |                                   |
| City   |                    |                                 |   | Zip Code <b>FL</b>  |                                   |
| 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 _____   |                    |                                 |   |   |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                    |                                 |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                   |
| 10. OFFICERS AND DIRECTORS   |                    |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         |   |                                   |
| TITLE  | DPST               | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | LE-BERT, GEORGE C. |                                 | NAME  |   |                                   |
| STREET ADDRESS   | 4 SEXTON WAY       |                                 | STREET ADDRESS  |   |                                   |
| CITY- ST- ZIP  | KEY LARGO FL 33037 |                                 | CITY- ST- ZIP   |   |                                   |
| TITLE  |                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                    |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                    |                                 | STREET ADDRESS  |   |                                   |
| CITY- ST- ZIP  |                    |                                 | CITY- ST- ZIP   |   |                                   |
| TITLE  |                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                    |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                    |                                 | STREET ADDRESS  |   |                                   |
| CITY- ST- ZIP  |                    |                                 | CITY- ST- ZIP   |   |                                   |
| TITLE  |                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                    |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                    |                                 | STREET ADDRESS  |   |                                   |
| CITY- ST- ZIP  |                    |                                 | CITY- ST- ZIP   |   |                                   |
| TITLE  |                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                    |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                    |                                 | STREET ADDRESS  |   |                                   |
| CITY- ST- ZIP  |                    |                                 | CITY- ST- ZIP   |   |                                   |



1st MOORE CR2E034 (10/04)

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

SIGNATURE

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, 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

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | DPST               | <input type="checkbox"/> Delete |
| NAME           | LE-BERT, GEORGE C. |                                 |
| STREET ADDRESS | 4 SEXTON WAY       |                                 |
| CITY- ST- ZIP  | KEY LARGO FL 33037 |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY- ST- ZIP  |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY- ST- ZIP  |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY- ST- ZIP  |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> Delete |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY- ST- ZIP  |                    |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                 |                                   |
|----------------|---------------------------------|-----------------------------------|
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY- ST- ZIP  |                                 |                                   |
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY- ST- ZIP  |                                 |                                   |
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY- ST- ZIP  |                                 |                                   |
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY- ST- ZIP  |                                 |                                   |
| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GEORGE LE-BERT 4/8/05 305 453 780**

Day

Daytime Phone #