

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # K81508	
1. Entity Name BALD EAGLE EXPRESS, INC.	



Principal Place of Business % CHARLES MILLER 6739 HATCHER RD LAKELAND, FL 33811	Mailing Address % CHARLES MILLER 6739 HATCHER RD LAKELAND, FL 33811
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03262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2946586	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MILLER, CHARLES
6739 HATCHER RD
LAKELAND, FL 33811**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, CHARLES 6739 HATCHER RD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, LEOLA 6739 HATCHER RD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, ELIZABETH 6739 HATCHER RD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, SCHUYLER 6739 HATCHER RD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/12/06-80057-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Leola Miller - Leola Miller 3-27-06 863-646-5034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #