
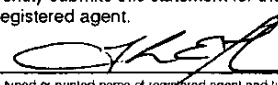
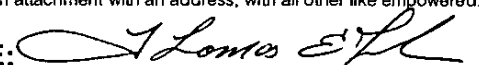


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90097 020 ***150.00

DOCUMENT # P00000067803 1. Entity Name EXPRESS PRODUCTS, INC.					
Principal Place of Business P.O. BOX 592 AUBURNDALE FL 33823			Mailing Address P.O. BOX 592 AUBURNDALE FL 33823		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1241 RIDGEGREEN LP			
City & State		City & State LAKE LAND, FL		4. FEI Number 59-3657261	
Zip 33809		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RILEY, DARRYL L 250 POST RD. POLK CITY FL 33868			7. Name and Address of New Registered Agent Name JACKSON, THOMAS E Street Address (P.O. Box Number is Not Acceptable) 1241 RIDGEGREEN LOOP N. City LAKE LAND FL Zip Code 33809		
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  THOMAS E. JACKSON AGENT <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input type="checkbox"/> Delete JACKSON, THOMAS E 1241 RIDGEGREEN LOOP LAKE LAND FL 33809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P b <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JACKSON THOMAS 1241 RIDGEGREEN LOOP LAKE LAND FL 33809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete RILEY, DARRYL L 250 POST RD. POLK CITY FL 33868		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSON, CHRISTINE VST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1241 RIDGEGREEN LOOP LAKE LAND FL 33809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE:  THOMAS E. JACKSON 4/28/05 863-287-0051 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					