


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2006 8:00 am
Secretary of State

08-25-2006 90003 018 ***150.00

50026333



DOCUMENT # P00000104428					
1. Entity Name RLJ BULK EXPRESS, INC.					
Principal Place of Business 1246 CR 441 LAKE PANASOFKEE, FL 33538			Mailing Address POST OFFICE BOX 91 SUMTERVILLE, FL 33585		
2. Principal Place of Business <i>1978 Highway 301 So.</i>			3. Mailing Address <i>As Above</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Sumterville, FL.</i>			City & State		
Zip <i>33585</i>		Country <i>Sumter</i>		4. FEI Number 59-3698016	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCLEAN, RALPH L 1246 CR 441 LAKE PANASOFKEE, FL 33538			7. Name and Address of New Registered Agent Name <i>McLean, Ralph L.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1978 Highway 301 South</i> City <i>Sumterville</i> FL Zip Code <i>33585</i>		
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 <i>Ralph L. McLean</i> DATE <i>8-12-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLEAN, RALPH L 1246 CR 441 LAKE PANASOFKEE, FL 33538	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McLean, Ralph L. 1978 Highway 301 South Sumterville, FL. 33585	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCLEAN, JAMES N 8645 SE 157TH STREET SUMTERVILLE, FL 34491	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V McLean, James N. 8645 SE 157th Street Summerfield, FL. 34491	<input checked="" 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
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 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: <i>Ralph L. McLean</i>			8-12-06 352 748-0799		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

50026333

August 16, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Re: Document #P00000104428

To Whom It May Concern,

I received a postcard with "Notice of Intent to Dissolve" and went online immediately to download the annual report form required.

I must state that I never did receive any prior notices to file this report and I apologize for being tardy.

Please find enclosed the annual report, filled out with the proper addresses, along with my check in the amount of \$150.00.

Thank you very much.

Sincerely,

A handwritten signature in black ink, appearing to read "Ralph McLean", followed by a horizontal line.

Ralph McLean, President