


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90103 015 ***150.00

DOCUMENT # P01000000131	
1. Entity Name THE CHARTERXPRESS COMPANY	

Principal Place of Business 3082 W THARPE TALLAHASSEE FL 32303	Mailing Address P.O. BOX 387 MONTICELLO FL 32345
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2. Principal Place of Business 252 COX ROAD Suite, Apt. #, etc. SUITE 100 City & State MONTICELLO, FL. Zip 32344 Country USA.	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E034 (10/04)

4. FEI Number 59-3690583	<input type="checkbox"/> 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 HEIM, J.L. 1898 GINA DRIVE TALLAHASSEE FL 32303	
7. Name and Address of New Registered Agent Name <u>J.L. PEDDICORD - (BOT MARRIED)</u> Street Address (P.O. Box Number is Not Acceptable) 2079 TAYLOR ROAD City <u>TALLAHASSEE</u> FL Zip Code <u>32308</u>	

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 J. Peddicord formerly known as J.L. Heim of Heim 4/1/05
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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEIM, J.L. 1898 GINA DRIVE TALLAHASSEE FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P J.L. PEDDICORD 2079 TAYLOR ROAD TALLAHASSEE, FL. 32308 <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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: J. Peddicord J.L. Peddicord President 4/1/05 997-4343
Signature and typed or printed name of signing officer or director Date Daytime Phone #