2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 08, 2004 8:00 am **Secretary of State** DOCUMENT # P01000033394 06-08-2004 90002 018 ***150.00 to the first and who have the first 4/R EXPRESS, INC. Principal Place of Business Mailing Address 44446233 1011 SAN DOMINGO RD ORLANDO FL 32808 1011 SAN DOMINGO RD HOUSE ORLANDO FL 32808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc... CR2E034_(11/03 Octorol o City & State Applied For 4. FEI Number 11-3278520 flound Not Applicable Country ()-5,1A Country \$8.75 Additional 5. Certificate of Status Desired ٥SA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COULTON, RUDOLPH Street Address (P.O. Box Number is Not Acceptable) 1011 SAN DOMINGO RD ORLANDO FL 32808 ij÷ 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, typed of printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) __FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P COULTON RUDOLPH TITLE Change ☐ Addition NAME -NAME 1011 SAN DOMINGO RD STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change - - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CÎTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS 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)(i), Florida Statutes. I further certify that the information 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 the 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 expowered. changed, or on an attachmen

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Ottachment 44046233

	#P0/000033394
	To Whom May Concern
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	May to Check on it, that is when will
	Found out you never recive it so we are Senioling the Form one more time.
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