

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90061 001 \*\*\*750.00

**DOCUMENT # P01000083416**

1. Entity Name  
**EXPRESS SHOP V, INC.**



Principal Place of Business  
**7614 CLEMENTINE WAY  
ORLANDO, FL 32819**

Mailing Address  
**7614 CLEMENTINE WAY  
ORLANDO, FL 32819**

**66404374**



02162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3750172**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLANAGAN, GREGORY S  
230 NE 25TH AVE, STE 200  
ORLANDO, FL 34470**

Name- **REDDY, MEGHAJ K.**

Street Address (P.O. Box Number is Not Acceptable)

**7614 CLEMENTINE WAY**

City **ORLANDO**

**FL**

Zip Code **32819**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **REDDY, KUCHAKULLA M**  
STREET ADDRESS **5922 TURKEY LAKE RD**  
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **D** ☒ Change ☐ Addition  
NAME **REDDY, KUCHAKULLA, M**  
STREET ADDRESS **7614 CLEMENTINE WAY**  
CITY-ST-ZIP **ORLANDO, FL - 32819**

TITLE **D** ☐ Delete  
NAME **REDDY, KUCHAKULLA D**  
STREET ADDRESS **5922 TURKEY LAKE RD**  
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **D** ☒ Change ☐ Addition  
NAME **REDDY, KUCHAKULLA D**  
STREET ADDRESS **7614 CLEMENTINE WAY**  
CITY-ST-ZIP **ORLANDO, FL - 32819**

TITLE **V** ☐ Delete  
NAME **REDDY, DHEERAJ K**  
STREET ADDRESS **7614 CLEMENTINE WAY**  
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☐ Delete  
NAME **GEETHA, KUCHAKULLA R**  
STREET ADDRESS **7614 CLEMENTINE WAY**  
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MEGHAJ REDDY 2/25/04 407-701-7763**