

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90111 011 ***150.00

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



2. Principal Place of Business - No P.O. Box #

EXPRESS SHOP V INC

3. Mailing Address

Suite, Apt. #, etc.

4415 S. HIGHWAY 27

City & State
CLERMONT - FL

City & State

Zip
34711

Country
U.S.

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

REDDY, MEGHAJ K
7614 CLEMENTINE WAY
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME REDDY, KVCHAKVLLA M
STREET ADDRESS 7614 CLEMENTINE WAY
CITY-ST-ZIP ORLANDO FL 32819

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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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 exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MEGHAJ REDDY

1/3/07

407-701-7763