
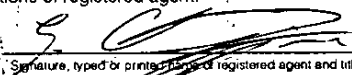


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90080 028 \*\*\*150.00

<b>DOCUMENT # P02000019146</b>			
1. Entity Name <b>DOLLAR EXPRESS OF BAY COUNTY, INC.</b>			
Principal Place of Business <b>11830 FRONT BEACH RD PANAMA CITY BCH FL 32407</b>		Mailing Address <b>11830 FRONT BEACH RD PANAMA CITY BCH FL 32407</b>	
2. Principal Place of Business <b>609 W. 23rd Street</b>		3. Mailing Address <b>609 W. 23rd Street</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Panama City, Fl.</b>		City & State <b>Panama City, Fl.</b>	
Zip <b>32405</b>		Zip <b>32405</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>OUTMEZGUINE, GEORGES 11830 FRONT BEACH RD PANAMA CITY BCH FL 32407</b>		7. Name and Address of New Registered Agent Name <b>GEORGE OUTMEZGUINE</b> Street Address (P.O. Box Number is Not Acceptable) <b>609 W. 23rd Street</b> City <b>PANAMA CITY</b> FL Zip Code <b>32405</b>	
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:  <b>G. OUTMEZGUINE</b> P. DATE <b>02/11/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OUTMEZGUINE, GEORGES 11830 FRONT BEACH RD. PANAMA CITY BEACH FL 32407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OUTMEZGUINE, GEORGES 609 W. 23rd Street PANAMA CITY, FL. 32405 <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	BENSIMON SALOMON 221 SUMMERWOOD DR P.L. BEACH FL 32413 SECRETARY. <input type="checkbox"/> Change <input checked="" 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 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 #

**02/11/05 (850) 22-4203**