

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90308 030 \*\*\*158.75

<b>DOCUMENT # P02000072839</b> 1. Entity Name <b>LGL XPRESS TRUCKING, INC</b>			
Principal Place of Business <b>PMB 272</b> <b>3501-B N. PONCE DE LEON BLVD</b> <b>SAINT AUGUSTINE, FL 32084</b>		Mailing Address <b>PMB 272</b> <b>3501-B N. PONCE DE LEON BLVD</b> <b>SAINT AUGUSTINE, FL 32084</b>	
2. Principal Place of Business <b>4967 Carousel Loop</b> Suite, Apt. #, etc.		3. Mailing Address <b>4967 Carousel Loop</b> Suite, Apt. #, etc.	
City & State <b>Marianna, FL</b>		City & State <b>Marianna, FL</b>	
Zip <b>32448</b>		Zip <b>32448</b>	
Country		Country	
4. FEI Number <b>02-0626822</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>JOHNSON, KEITH H</b> <b>8810 GOODBYS EXECUTIVE DR STE A</b> <b>JACKSONVILLE FL 32217</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PD</b> NAME <b>LEITZ, L G</b> STREET ADDRESS <b>12591 N.W. 82ND COURT</b> CITY - ST - ZIP <b>CHIEFLAND, FL 32626</b>	<input type="checkbox"/> Delete	TITLE <b>PD</b> NAME <b>Leitz, LG</b> STREET ADDRESS <b>4967 Carousel Loop</b> CITY - ST - ZIP <b>Marianna, FL 32448</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address change
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.			
<b>SIGNATURE: <u>Leanora H. Leitz</u> <u>Leanora G. Leitz</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>		<b><u>4/26/05</u> <u>850-482-4608</u></b> <small>Date Daytime Phone #</small>	