2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000106001

1. Entity Name
A-1 MOBILE EXPRESS INC.

Principal Place of Business	Mailing Address
3146 DOW LN SPRINGHILL, FL 34609	3146 DOW LN SPRINGHILL, FL 34609

DO NOT WRITE IN THIS SPACE

02102004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
82-0570993	Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BILLOTTE, BRAIN
3146 DOW LN
SPRINGHILL, FL 34609

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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

U000000157498
05/06/04-80029-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BILLOTTE, BRAIN
STREET ADDRESS	3146 DOW LN
CITY-ST-ZIP	SPRINGHILL, FL 34609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _Brian Billotte_   Brian Billotte   4-30-04

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #