

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90033 014 ***150.00

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DOCUMENT # P02000123393 1. Entity Name QUIX EXPRESS, INC.			
Principal Place of Business 21533 LANGHOLM RUN ESTERO, FL 33928		Mailing Address C/O ROBERT D. ROYSTON, JR. P.O. DREWER 60205 FT MYERS, FL 33906	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 22073 Natures Cove Ct Suite, Apt. #, etc.	
City & State ESTERO, FL		City & State ESTERO, FL	
Zip 33928		Country Lee	
4. FEI Number 76-0719769		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR 12670 NEW BRITTANY BLVD STE 101 FT MYERS, FL 33907		7. Name and Address of New Registered Agent Name MANNY J. BERGANTINO Street Address (P.O. Box Number is Not Acceptable) 22073 Natures Cove Ct City ESTERO FL Zip Code 33928	
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 DATE _____ <small>Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <div style="text-align: right; font-size: 1.2em;">4/5/05</div>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input type="checkbox"/> Delete BERGANTINO, MANNY J 21533 LANGHOLM RUN ESTERO, FL 33928	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22073 Natures Cove Ct.
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
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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:		Date 4/5/05 Daytime Phone # 239-287-3015	