

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128107

Entity Name: R.A.T. EXPRESS, INC.

FILED  
Apr 30, 2004  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 1097  
THONOTOSASSA, FL 33592

## New Principal Place of Business:

10215 SHADOW BRANCH DR  
TAMPA, FL 33647

## Current Mailing Address:

9505 RIPLEY RD  
THONOTOSASSA, FL 33592

## New Mailing Address:

10215 SHADOW BRANCH DR  
TAMPA, FL 33647

FEI Number: 43-1987605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, ANGELA A  
9505 RIPLEY RD  
THONOTOSASSA, FL 33592 US

## Name and Address of New Registered Agent:

BROWN, ANGELA A  
10215 SHADOW BRANCH DR  
TAMPA, FL 33647 US

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.

SIGNATURE: ANGELA BROWN

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: BROWN, ANGELA A  
Address: 9505 RIPLEY RD  
City-St-Zip: THONOTOSASSA, FL 33592

Title: V.PR ( ) Delete  
Name: BROWN, RAYMOND D  
Address: 9505 RIPLEY RD  
City-St-Zip: THONOTOSASSA, FL 33592

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BROWN, ANGELA A  
Address: 10215 SHADOW BRANCH DR  
City-St-Zip: TAMPA, FL 33647

Title: V.PR (X) Change ( ) Addition  
Name: BROWN, RAYMOND D  
Address: 10215 SHADOW BRANCH DR  
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA BROWN

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date