2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000010937

1. Entity Name
PHLEBOTOMY EXPRESS, INC.

Principal Place of Business	Mailing Address
4016 S.W. 69TH TERRACE MIRAMAR, FL 33023	4016 S.W. 69TH TERRACE MIRAMAR, FL 33023

DO NOT WRITE IN THIS SPACE

04092005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
54-2105336		Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, OLIVE
4016 S.W. 69TH TERRACE
MIRAMAR, FL 33023

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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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALKER, OLIVE
STREET ADDRESS	4016 S.W. 69TH TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	D
NAME	HEMMINGS, ASHLEY JR
STREET ADDRESS	4016 S.W. 69TH TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33023
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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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: _Olive Walker_ _Olive Walker_   4-14-05   954-336-4827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #