

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90340 004 \*\*\*150.00

**DOCUMENT # P03000037811**

1. Entity Name  
**FIRST AID EXPRESS, INC.**



Principal Place of Business  
**15827 GOLDEN CLUB STREET  
CLERMONT, FL 34711**

Mailing Address  
**P.O. BOX 120369  
CLERMONT, FL 34712**

**50040247**



2. Principal Place of Business

3. Mailing Address

**P.O. Box 120369**

Suite, Apt. #, etc.

**4080 SW 110th St**

Suite, Apt. #, etc.

04122005

Chg-P

CR2E034 (10/03)

City & State

**Ocala, FL**

City & State

**Clermont, FL**

4. FEI Number

**14-1877521**

Applied For

Not Applicable

Zip

**34476**

Country

Zip

**34712**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BACON, BRENDA  
15827 GOLDEN CLUB STREET  
CLERMONT, FL 34711**

Name

Street Address (P.O. Box Number is Not Acceptable)

**4080 SW 110th St**

City

**Ocala**

**FL**

Zip Code  
**34476**

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

*Brenda Bacon*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
BACON, ANTHONY F JR  
15827 GOLDEN CLUB ST  
CLERMONT, FL 34711** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**4080 SW 110th St  
Ocala, FL 34476** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTSD  
BACON, BRENDA  
15827 GOLDEN CLUB ST  
CLERMONT, FL 34711** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**4080 SW 110th St  
Ocala, FL 34476** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

*Brenda Bacon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #