

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90057 034 \*\*\*158.75

**DOCUMENT # P03000071645**

1. Entity Name

YOUR EXPRESS SERVICES INTERNATIONAL, INC.



Principal Place of Business

4800 AIRPORT-PULLING RD.  
NAPLES FL 34105

Mailing Address

4800 AIRPORT-PULLING RD.  
NAPLES FL 34105

34042373



MOORE

CR2E034 (11/03)

2. Principal Place of Business

11761 BEACH BOULEVARD

Suite, Apt. #, etc.

7

3. Mailing Address

11761 BEACH BOULEVARD

Suite, Apt. #, etc.

7

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32246

Country

USA

Zip

32246

Country

USA

4. FEI Number

83-036961-0

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FELDEN, CHRISTIAN B  
3838 TAMiami TRAIL NORTH, SUITE 416  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME CAMALIGAN, ROLSHOLM  
STREET ADDRESS 4800 AIRPORT-PULLING RD.  
CITY-ST-ZIP NAPLES FL 34105

TITLE D ☐ Delete  
NAME CHAN, VICTORIA A  
STREET ADDRESS 4800 AIRPORT-PULLING RD.  
CITY-ST-ZIP NAPLES FL 34105

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROLSHOLM D. CAMALIGAN

4/22/04

Date

946416001

Daytime Phone #