


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000085315- . . .</b> 1. Entity Name LOLLIE POP EXPRESS, INC.	
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Principal Place of Business 5643 OLD U.S. ROAD MALONE, FL 32445	Mailing Address 5643 OLD U.S. ROAD MALONE, FL 32445
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03152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-3699915	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ROGERS, WOODROW W 5643 OLD U.S. ROAD MALONE, FL 32445
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS, WILSON 5643 OLD L.S. RD MALONE, FL 32445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROGERS, JANICE S 5643 OLD L.S. RD MALONE, FL 32445
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<p>U000000288704 04/05/05-80020-015 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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)(f), 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: Janice S. Rogers, Sec.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-05  
Date

850-569-2625  
Daytime Phone #