

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90227 030 \*\*\*150.00

**DOCUMENT # P03000101385**

1. Entity Name  
**AVALANCHE EXPRESS, INC.**



Principal Place of Business  
**100 E SYBELIA AVE STE 205  
MAITLAND, FL 32751**

Mailing Address  
**100 E SYBELIA AVE STE 205  
MAITLAND, FL 32751**

**94074321**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**30-0203008**

Applied For

Not Applicable

Zip

Country

Zip

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

**PIERCEFIELD, DAVID S  
100 E SYBELIA AVE STE 205  
MAITLAND, FL 32751**

Name

**David S. Piercefield**

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

**100 East Sybelia Ave.**

City

**Maitland**

**FL**

Zip Code

**32751**

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

*David S. Piercefield*

**David S. Piercefield**

**04-19-04**

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**

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 **D** ☐ Delete  
NAME **OWEN, ROBERT D II**  
STREET ADDRESS **106 CRYSTAL VIEW EAST**  
CITY-ST-ZIP **SANFORD, FL 32773**

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

TITLE **AS** ☐ Delete  
NAME **Owen, Cressia A.**  
STREET ADDRESS **106 Crystal View East**  
CITY-ST-ZIP **Sanford, FL 32773**

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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: *Cressia A. Owen* **CRESSIA A. OWEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/04**

Date

**407-323-4087**

Daytime Phone #