

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 10, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P03000124326**

1. Entity Name  
**WHISKEY RIVER EXPRESS, INC.**



Principal Place of Business  
**235 S ILAKEE AVE  
LAKE ALFRED, FL 33850**

Mailing Address  
**235 S ILAKEE AVE  
LAKE ALFRED, FL 33850**



01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**27-0069410**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FULLER, HAROLD D  
235 S ILAKEE AVE  
LAKE ALFRED, FL 33850**

**DO NOT WRITE  
IN THIS SPACE**

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 *Harold D Fuller*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*5 Jan 05*

**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	DP
NAME	FULLER, STEVEN W
STREET ADDRESS	117 COLONIAL DR
CITY-ST-ZIP	AUBURNDAL, FL 33823
TITLE	DV
NAME	FULLER, RICHARD W
STREET ADDRESS	235 S ILAKEE AVE
CITY-ST-ZIP	LAKE ALFRED, FL 33850
TITLE	DST
NAME	FULLER, HAROLD D
STREET ADDRESS	235 S ILAKEE AVE
CITY-ST-ZIP	LAKE ALFRED, FL 33850
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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01/11/05-80057-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), 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 *Harold D Fuller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Harold D Fuller 5 JAN 05 863.956-0960*