2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2004 8:00 am Secretary of State

Mailing Address 3360 SAWANNANS TRAIL MCRATT ISLAND, FL 22953 Mailing Address Mailing Address McRATT ISLAND, FL 22953 McRATT ISLAND, FL	DOCUMENT # P03000128901 1. Entity Name R & G EXPRESS INC.					02-02-2004 90011 031 ***150.00					
3360 SAVANNAHS TRAIL MERRITT ISLAND, FL 32953 3360 SAVANNAHS TRAIL MERRITT ISLAND, FL 32953 City & State City &	Principal Place	e of Rusiness	 								
Suite, Apt. 4, etc. Suite, Apt. 4, etc.	3360 SAVAN	NAHS TRAIL	3360 SAVANNAHS TRA	360 SAVANNAHS TRAIL		1 155 (55)					
City & State	Principal Place of Business 3. Mailing Address										
Section Carriery Zip Country S. Certificate of Status Desired Set 75 Additional Set 75 Additio	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01202004	Chg-P	CR2E034 (10	/03)			
5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name	City & State	e					15412		Not	Applicable	
Name	Zip		· · ·	Country		5. Certificate of		Fee Re			
JENNINGS GROVER C 3360 SAVANNAHS TRAIL Street Address* (*P. O'BST NUmber is Not Acceptibilities)											
Sirce Address (P O'Box Number is Not Acceptable) City FL Zip Code	IENNING	CONTER C		يمون سمجية ١٢٥٠	عب بوليمينيون الجا						
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 liquid printed name of registered agent and liter if applicable. INCIE Registered Agent signature required when infrindenting) DATE	~3360 SAV	ANNAHS TRAIL	=Sti	Střeét Address (P.O. Box Number is Not Acceptable)							
SIGNATURE Signature system or persiste received agent and title 1 appelication. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PUBLININGS, GROVER C SIREST ADDRESS CITY-ST-ZIP JENNINGS, REGINA M SIREST ADDRESS CITY-ST-ZIP JENNINGS, REGINA M SASO SAVANNAHS TRAIL SIREST ADDRESS CITY-ST-ZIP JENNINGS, REGINA M SASO SAVANNAHS TRAIL SIREST ADDRESS CITY-ST-ZIP JENNINGS, REGINA M SASO SAVANNAHS TRAIL SIREST ADDRESS CITY-ST-ZIP JENNINGS, REGINA M SASO SAVANNAHS TRAIL SIREST ADDRESS CITY-ST-ZIP JENNINGS, REGINA M SASO SAVANNAHS TRAIL SIREST ADDRESS CITY-ST-ZIP JENNINGS, REGINA M SASO SAVANNAHS TRAIL SIREST ADDRESS CITY-ST-ZIP JENNINGS, REGINA M SASO SAVANNAHS TRAIL SIREST ADDRESS CITY-ST-ZIP JENNINGS, REGINA M SASO SAVANNAHS TRAIL SIREST ADDRESS CITY-ST-ZIP JENNINGS, REGINA M SASO SAVANNAHS TRAIL SIREST ADDRESS CITY-ST-ZIP JENNINGS, REGINA M SASO SAVANNAHS TRAIL SIREST ADDRESS CITY-ST-ZIP JENNINGS, REGINA M SASO SAVANNAHS TRAIL SIREST ADDRESS CITY-ST-ZIP JENNINGS, REGINA M SASO SAVANNAHS TRAIL SIREST ADDRESS CITY-ST-ZIP JENNINGS, REGINA M SASO SAVANNAHS TRAIL SIREST ADDRESS CITY-ST-ZIP JENNINGS, REGINA M SASO SAVANNAHS TRAIL SIREST ADDRESS CITY-ST-ZIP JENNINGS, REGINA M SASO SAVANNAHS TRAIL SIREST ADDRESS CITY-ST-ZIP JENNINGS, REGINA M SASO SAVANNAHS TRAIL SIREST ADDRESS CITY-ST-ZIP JENNINGS, REGINA M SASO SAVANNAHS TRAIL SIREST ADDRESS CITY-ST-ZIP JENNINGS, REGINA M SASO SAVANNAHS TRAIL SIREST ADDRESS CITY-ST-ZIP JENNINGS, REGINA M SASO SAVANNAHS SASO SAVAN					Sity FL Zip Code						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution											
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE										
THE NAME JENNINGS, GROVER C STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32953 ITILE NAME JACKS CITY-ST-ZIP MERRITT ISLAND, FL 32953 CITY-ST-ZIP CITY-ST-ZI			7 .5 .6				. هندپیشه				
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ITILE NAME STREET ADDRESS CITY-ST-ZIP 12. 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	TITLE NAME		☐ Delete	TITLE NAME				☐ Ch	ange	Addition	
	NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	NAME STREET ADI CITY-ST-Z	DRESS UP on stated in Se	ction 119.07/3/6\	Florida Statutes 1	further certify tha	t the in	formation	