


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90066 002 \*\*\*158.75

<b>DOCUMENT # P04000107903</b> 1. Entity Name <b>TL EXPRESS SERVICES, INC.</b>					
Principal Place of Business <b>10420 NW 10TH STREET PLANTATION, FL 33322</b>			Mailing Address <b>10420 NW 10TH STREET PLANTATION, FL 33322</b>		
2. Principal Place of Business <b>4487 N. University Dr.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Haudershill FL.</b>		City & State		4. FEI Number <b>42-1644121</b>	
Zip <b>33351</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AMSTUTZ, TERESA L 10420 NW 10TH STREET PLANTATION, FL 33322</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number Is Not Acceptable) City <b>FL</b> 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 <u><i>Teresa L. Amstutz</i></u> <b>Teresa L. Amstutz</b> <u>04-12-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P AMSTUTZ, TERESA L 10420 NW 10TH STREET PLANTATION, FL 33322</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ALARCON, LUIS 10420 NW 10TH STREET PLANTATION, FL 33322</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u><i>Teresa L. Amstutz</i></u> <b>Teresa L. Amstutz</b>			<u>04-12-05</u> <b>954-572-3600</b> <small>Date Daytime Phone #</small>		