


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90012 042 ***150.00

DOCUMENT # P04000166725

1. Entity Name
H2 EXPRESS, INC.



Principal Place of Business
**5538 SE 44TH CIRCLE
OCALA, FL 34480**

Mailing Address
**5538 SE 44TH CIRCLE
OCALA, FL 34480**

2. Principal Place of Business
9868 W SAMPLE RD

3. Mailing Address
9868 W SAMPLE RD

Suite, Apt. #, etc.

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS FL

Zip
33065

Country

40043000



02112006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2000399

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HALL, LAWRENCE S
5538 SE 44TH CIRCLE
OCALA, FL 34480**

7. Name and Address of New Registered Agent

Name
LAWRENCE S. HALL

Street Address (P.O. Box Number is Not Acceptable)
9868 W SAMPLE ROAD

City
CORAL SPRINGS

FL

Zip Code
33065

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 **X [Signature]** DATE **4-1-06**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P HALL, LAWRENCE S 5538 SE 44TH CIRCLE OCALA, FL 34480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL LAWRENCE S 9868 W SAMPLE ROAD CORAL SPRINGS FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **X [Signature]** DATE **4-1-06** DAYTIME PHONE # **765-238-0294**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR