

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90183 015 ***150.00

DOCUMENT # P05000002702

1. Entity Name
EXPRESS WEB SYSTEMS, INC.



Principal Place of Business
**2100 PASOFINO LANE
ALFORD, FL 32420**

Mailing Address
**2100 PASOFINO LANE
ALFORD, FL 32420**



2. Principal Place of Business
200 Ashley Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Dothan AL

City & State

Zip
36305

Country
USA

Zip

Country

03272006 Chg-P CR2E034 (11/05)

4. FEI Number
14-1920105

Applied For

Not Applicable

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

**WALSH JR., THOMAS V
2100 PASOFINO LANE
ALFORD, FL 32420**

Name

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

City

FL

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

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, 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	PS WALSH JR., THOMAS V 2100 PASOFINO LANE ALFORD, FL 32420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	200 Ashley Circle Dothan AL 36305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPT FISHER, AMY M 2100 PASOFINO LANE ALFORD, FL 32420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	200 Ashley Circle Dothan AL 36305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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:

Amy Fisher / Vicepresident

04/26/06