



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P050C0002702 1. Entity Name EXPRESS WEB SYSTEMS, INC.	
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Principal Place of Business 200 ASHLEY CIRCLE DOTHAN, AL 36305	Mailing Address 2100 PASOFINO LANE ALFORD, FL 32420
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DO NOT WRITE IN THIS SPACE


04302007 No 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
**WALSH JR., THOMAS V
2100 PASOFINO LANE
ALFORD, FL 32420**

**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  (NOTE: Registered Agent signature required when reconstituting) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000006757399 05/23/07-80094-005 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WALSH JR., THOMAS V 200 ASHLEY CIRCLE DOTHAN, AL 36305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FISHER, AMY M 200 ASHLEY CIRCLE DOTHAN, AL 36305
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IN THIS SPACE**

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:  **4/30/07** **334-677-8842**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #