

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-27-2006 90274 025 ***150.00

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1. Entity Name

FNG EXPRESS, INC.



Principal Place of Business

4343 SHUMACKER ROAD
189 WEST
SEBRING FL 33872
US

Mailing Address

4343 SHUMACKER ROAD
189 WEST
SEBRING FL 33872
US

66009251



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-2610468

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCOLLUM, JAMES F
129 S. COMMERCE AVENUE
SEBRING FL 33870

7. Name and Address of New Registered Agent

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 filing statement)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	FRANCIS, DAVE	
STREET ADDRESS	4343 SHUMACKER ROAD 189 W	
CITY-STATE-ZIP	SEBRING FL 33872	
TITLE	VPD	☒ Delete
NAME	WERT, DAVE	
STREET ADDRESS	4343 SHUMACKER ROAD 189 W	
CITY-STATE-ZIP	SEBRING FL 33872	
TITLE	TO	☐ Delete
NAME	GOLDSHOLLE, ROBERT	
STREET ADDRESS	4343 SHUMACKER ROAD 189 W	
CITY-STATE-ZIP	SEBRING FL 33872	
TITLE	SD	☐ Delete
NAME	NEWTON, MARY LOU	
STREET ADDRESS	4343 SHUMACKER ROAD 189 W	
CITY-STATE-ZIP	SEBRING FL 33872	
TITLE	D	☐ Delete
NAME	ROBERT, NEWTON	
STREET ADDRESS	4343 SHUMACKER ROAD 189 W	
CITY-STATE-ZIP	SEBRING FL 33872	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	VPD	☒ Change ☐ Addition
NAME	George W. Watson	
STREET ADDRESS	21 BENTWOOD CIRCLE	
CITY-STATE-ZIP	AVON PARK, FL 33825	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-04 (863) 471-9669

Date

Daytime Phone #