

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90146 041 \*\*\*150.00

DOCUMENT # P05000049198

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 20-2610468

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME FRANCIS, DAVE  
STREET ADDRESS 4343 SHUMACKER ROAD 189 W  
CITY- ST- ZIP SEBRING FL 33872 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE VPD  
NAME WATSON, GEORGE W  
STREET ADDRESS 21 BRENTWOOD CIRCLE  
CITY- ST- ZIP AVON PARK FL 33825 ☒ Delete

TITLE VPD  
NAME Jodi B. Torres  
STREET ADDRESS 1814 GROVE AVE  
CITY- ST- ZIP SEBRING FL 33870 ☒ Change ☐ Addition

TITLE TD  
NAME GOLDSHOLLE, ROBERT  
STREET ADDRESS 4343 SHUMACKER ROAD 189 W  
CITY- ST- ZIP SEBRING FL 33872 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE SD  
NAME NEWTON, MARY LOU  
STREET ADDRESS 4343 SHUMACKER ROAD 189 W  
CITY- ST- ZIP SEBRING FL 33872 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE D  
NAME ROBERT, NEWTON  
STREET ADDRESS 4343 SHUMACKER ROAD 189 W  
CITY- ST- ZIP SEBRING FL 33872 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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: David Francis 3-15-07 (863) 381-5118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #