

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000075417

1. Entity Name  
EXPRESS DELIVERY & LOGISTICS INC.



FILED

06 AUG 31 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3143 BESSENT RD.  
JACKSONVILLE, FL 32218

Mailing Address  
3143 BESSENT RD.  
JACKSONVILLE, FL 32218

2. Principal Place of Business

5124 ROSSELLE ST

3. Mailing Address

P.O. Box 5124 ROSSELLE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08312006

Chg-P

CR2E034 (11/05)

City & State

JAX, Fla

City & State

JAX Fla

4. FEI Number

22-3914165

Applied For

Not Applicable

Zip

32254

Country

Zip

32254

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JAMES, JACQUEE  
3143 BESSENT RD.  
JACKSONVILLE, FL 32218

7. Name and Address of New Registered Agent

Name CHARLES JAMES

Street Address (P.O. Box Number is Not Acceptable)  
5124 ROSSELLE ST

City JACKSONVILLE

FL

Zip Code

32254

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

*Charles James*

(NOTE: Registered Agent signature required when reinstating)

DATE

8-31-06

FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete  
NAME JAMES, JACQUEE  
STREET ADDRESS 2538 WEST 43RD ST.  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE D ☐ Delete  
NAME JONES, DAVID L.  
STREET ADDRESS 2538 WEST 43RD ST.  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE CEO ☐ Delete  
NAME JAMES, CHARLES  
STREET ADDRESS 2538 WEST 43RD ST.  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VS ☐ Delete  
NAME SALTER, SHELBY  
STREET ADDRESS 2538 W. 43 ST.  
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CHARLES GAULDEN ☐ Change ☒ Addition  
NAME  
STREET ADDRESS P.O. Box 41252  
CITY-ST-ZIP JAX FLA 32203 PRES.

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

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

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

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

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

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:

*Charles James*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-06 904-755-6952

Date

Daytime Phone #

WILLIAMS AUG 31 2006