

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90085 030 ***150.00

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1. Entity Name

HELEN OR TOM EXPRESS, INC.



Principal Place of Business

9470 OLD FLOMATON ROAD
CENTURY, FL 32535

Mailing Address

9470 OLD FLOMATON ROAD
CENTURY, FL 32535

40100470



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3565891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COFIELD, CHARLES T
9470 OLD FLOMATON ROAD
CENTURY, FL 32535

**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 _____

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME COFIELD, CHARLES T
STREET ADDRESS 9470 OLD FLOMATON ROAD
CITY-ST-ZIP CENTURY, FL 32535

TITLE SEC
NAME COFIELD, HELEN
STREET ADDRESS 9470 OLD FLOMATON ROAD
CITY-ST-ZIP CENTURY, FL 32535

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

(850) 256-2999

Daytime Phone #