

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000100030

Entity Name: KEXEL EXPRESS, INC.

FILED
Jan 17, 2009
Secretary of State

Current Principal Place of Business:

194 FAIRWAY CIRCLE
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

194 FAIRWAY CIRCLE
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 83-0461797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEXEL, MYRON J
194 FAIRWAY CIRCLE
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: KEXEL, MYRON J
Address: P.O. BOX 4277
City-St-Zip: WINTER HAVEN, FL 33885

Title: VPT () Delete
Name: KEXEL, CHRISTINE A
Address: P.O. BOX 4277
City-St-Zip: WINTER HAVEN, FL 33885

Title: MRS () Delete
Name: ROTH, KIVA M
Address: 809 ZAFFKE ST
City-St-Zip: FORT ATKINSON, WI 53538

Title: MISS () Delete
Name: SCHUMACHER, JADA A
Address: 809 ZAFFKE ST
City-St-Zip: FORT ATKINSON, WI 53538

Title: MR () Delete
Name: WILSON, LLOYD G
Address: 512 N. 4TH ST.
City-St-Zip: FORT ATKINSON, WI 53538

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MRS (X) Change () Addition
Name: ROTH, KIVA M
Address: 809 ZAFFKE ST.
City-St-Zip: FORT ATKINSON, WI 53538

Title: MISS (X) Change () Addition
Name: SCHUMACHER, JADA A
Address: 809 ZAFFKE ST.
City-St-Zip: FORT ATKINSON, WI 53538

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MISS () Change (X) Addition
Name: ROTH, KIELE G
Address: 809 ZAFFKE ST.
City-St-Zip: FORT ATKINSON, WI 53538

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRON J KEXEL

PRES

01/17/2009

Electronic Signature of Signing Officer or Director

Date