## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Millia

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Apr 06, 2007 8:00 am Secretary of State **DOCUMENT # P06000110784** 04-06-2007 90044 050 \*\*\*158.75 EXPRESS SUPPLY, INC. Mailing Address Principal Place of Business **632 GATLIN AVENUE 632 GATLIN AVENUE** US US ORLANDO, FL 32806 ORLANDO, FL 32806 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-5497315 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHULTING, MARK V Street Address (P.O. Box Number is Not Acceptable) **632 GATLIN AVENUE** ORLANDO, FL 32806 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition SCHULTING, CARMEN I NAME NAME STREET ADDRESS **632 GATLIN AVENUE** STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-7IP Delete TITLE TITLE ☐ Change Ti Adaition SCHULTING, MARK V NAME NAME STREET ADDRESS **632 GATLIN AVENUE** STREET ADDRESS ORLANDO, FL 32806 CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE ☐ Change ■ Addition SCHULTING, CARMEN I NAME NAME STREET ADDRESS **632 GATLIN AVENUE** STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-78P Delete TITLE TITLE Change ■ Addition MARK U Schulting SCHULTING, CARMEN I NAME NAME 632 Gattin av **632 GATLIN AVENUE** STREET ADDRESS STREET ADDRESS Octando, Fl 32806 CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-71P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attachme t with an address, with all other like empowered.

**FILED** 

Daytime Phone #