

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90025 014 \*\*\*150.00

<b>DOCUMENT # P07000039783</b> 1. Entity Name <b>SHELBY AND JAIME EXPRESS INC.</b>					
Principal Place of Business <b>12953 FARMINGTON TRAILS SEMINOLE, FL 33776</b>			Mailing Address <b>12953 FARMINGTON TRAILS SEMINOLE, FL 33776</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-8784451</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STEHLIN, KARL 12953 FARMINGTON TRAILS SEMINOLE, FL 33776</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD STEHLIN, CINDY 12953 FARMINGTON TRAILS SEMINOLE, FL 33776</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Cindy Stehlin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>Cindy Stehlin</u> <small>Date</small>		
727-409-9488 1-28-08			Daytime Phone #		

**66010372**




01102008 Chg-P CR2E034 (12/06)

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

66010372

#

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Principal Place of Business 12953 FARMINGTON TRAILS SEMINOLE, FL 33776		Mailing Address 12953 FARMINGTON TRAILS SEMINOLE, FL 33776	
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STEHLIN, KARL 12953 FARMINGTON TRAILS SEMINOLE, FL 33776		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
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SIGNATURE: <u>Cindy Stehlin</u>		Cindy Stehlin 1-28-08 727 409-9488	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	