


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P13031 1. Entity Name DAILY EXPRESS, INC.	
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Principal Place of Business 1072 HARRISBURG PIKE P. O. BOX 39 CARLISLE, PA 17013	Mailing Address 1072 HARRISBURG PIKE P. O. BOX 39 CARLISLE, PA 17013
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04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-1530123	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees.

U00000558133
05/17/06-80083-016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LONG, ROBERT F 300 BELEVEDERE STREET CARLISLE, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WERTZ, ROBERT H 900 COCKLIN STREET MECHANICSBURG, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SMITH, HARRY C 207 W. YELLOW BREECHES CARLISLE, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, DENNIS I 6307 OLMI LANDRITH DR. ALEXANDRIA, VA 22307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, KATHERINE G 300 BELEVEDERE ST CARLISLE, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MITCHELL, JOHN P 19 S LEWISBERRY RD MECHANICSBURG, PA

**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:  **JOHN P. MITCHELL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 717-240-2125
Date Daytime Phone #