

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000002737

1. Entity Name
EXPRESS-LEE YOURS SERVICES, INC.



Principal Place of Business
**2109 ILLINOIS AVE.
ENGLEWOOD, FL 34224**

Mailing Address
**2109 ILLINOIS AVE.
ENGLEWOOD, FL 34224**



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0392506	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GUNDERSON, MIKO P
% BATSEL MCKINLEY ITTERSAGEN & GUNDERSON
1861 PLACIDA RD., SUITE 104
ENGLEWOOD, FL 34223**

**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 re-stating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WORCH, PATRICIA M 2109 ILLINOIS AVE. ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANGER, ALFRED L 2109 ILLINOIS AVE. ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINEY, MYRON 1227 TIFT STREET PT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAMPION, DAVE M 19916 MIDWAY BLVD PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMPION, TERRI L 19916 MIDWAY BLVD PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000297770
04/11/05-80040-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dave M Champion

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #