

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 17, 2006 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



04092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0392506  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$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

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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

## 10. OFFICERS AND DIRECTORS

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

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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: Patricia M. Worch PATRICIA M. WORCH 4/13/2006 941-475-1187  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #