


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000025357</b> 1. Entity Name FLIGHT EXPRESS SERVICE CORP.	
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Principal Place of Business 3614 EAST AMELIA STREET ORLANDO, FL 32803 US	Mailing Address P O BOX 1823 ORLANDO, FL 32802 US
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3239603	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  
  
KIRCHHOEFER, JOHN D  
3614 E AMELIA ST  
ORLANDO, FL 32802

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

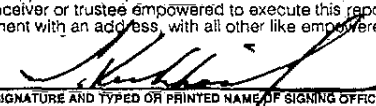
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRCHHOEFER, JOHN D 11 S BROWN ST ORLANDO, FL 32801
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UD00000193711  
01/25/05-80071-022 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **1/21/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #