

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90137 002 ***150.00

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1. Entity Name

MINUTEMAN EXPRESS, INC.



Principal Place of Business

SECOND STREET
BRISTOL FL 32321

Mailing Address

PO BOX 146
BLOUNTSTOWN FL 32424
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number
59-3251983

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIMBREL, JOSEPH L.
19885 SR 20 W
BLOUNTSTOWN FL 32424

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE STD ☒ Delete
NAME KIMBREL, SAMUEL
STREET ADDRESS 3334 BISHOP PARK DR. #515
CITY-ST-ZIP WINTER PARK FL 32792

TITLE VD ☒ Delete
NAME GOODHOLM, CYNTHIA
STREET ADDRESS 3627 SW 15 ST.
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE PD ☐ Delete
NAME KIMBREL, JOSEPH L
STREET ADDRESS PO BOX 276
CITY-ST-ZIP ALTHA FL 32421

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STD ☐ Change ☒ Addition
NAME THOMAS J. KIMBREL
STREET ADDRESS 24347 N.E. COUNTY RD 69A
CITY-ST-ZIP ALTHA FL 32421

TITLE VD ☐ Change ☒ Addition
NAME ANNIE KIMBREL
STREET ADDRESS 17346 CHARLIE JOHNS ST.
CITY-ST-ZIP BLOUNTSTOWN FL 32424

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH KIMBREL

4-6-05

850-674-2575

Date

Daytime Phone #