


2004 FOR PROFIT CORPORATION ANNUAL REPORT

07-16-2004 90008 021 ***150.00
P94000091508

DOCUMENT # P94000091508	
1. Entity Name EXPRESS ONE TRUCKING, INC.	

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04 JUL 23 AM 10: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
54062730



Principal Place of Business 2016 B 51ST STREET SOUTH TAMPA, FL 33619	Mailing Address 2016 B 51ST STREET SOUTH TAMPA, FL 33619
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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07122004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent NAJPHOR, ANGELA 1411 FOXBORO DRIVE BRANDON, FL 33511 Thonotosassa FL 33592		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: Angela Najphor VP DATE: 7-9-04

Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent Signature required when renewing)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	P NAJPHOR, JOSEPH 1411 FOXBORO DRIVE BRANDON, FL 33511 Thonotosassa FL 33592	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	VP NAJPHOR, ANGELA 1411 FOXBORO DRIVE BRANDON, FL 33511 Thonotosassa FL 33592	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Angela Najphor DATE: 7-9-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR