

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90051 001 \*\*\*158.75

<b>DOCUMENT # P94000091508</b> 1. Entity Name <b>EXPRESS ONE TRUCKING, INC.</b>			
Principal Place of Business <b>2016 B 51ST STREET SOUTH TAMPA, FL 33619</b>		Mailing Address <b>2016 B 51ST STREET SOUTH TAMPA, FL 33619</b>	
2. Principal Place of Business <b>1602 50th Street South</b> Suite, Apt. #, etc.		3. Mailing Address <b>1602 50th Street South</b> Suite, Apt. #, etc.	
City & State <b>Tampa Florida</b> Zip <b>33619</b>		City & State <b>Tampa, Florida</b> Zip <b>33619</b>	
Country <b>Hillsborough</b>		Country <b>Hillsborough</b>	
4. FEI Number <b>59-3284029</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>NAJPHOR, ANGELA 9938 TIMMONS RD THONOTOSASSA, FL 33592</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Angela Najphor</u> DATE <u>1-19-05</u> <small>Signature, typed or printed name of registered agent, if not applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>NAJPHOR, JOSEPH</b> <b>9938 TIMMONS RD</b> <b>THONOTOSASSA, FL 33592</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>NAJPHOR, ANGELA</b> <b>9938 TIMMONS RD</b> <b>THONOTOSASSA, FL 33592</b> <input type="checkbox"/> Delete	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	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: <u>Angela Najphor</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-19-05</u> (813)248-8377 <small>Daytime Phone #</small>	

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01192005 Chg-P CR2E034 (10/03)