

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90071 043 \*\*\*150.00

**DOCUMENT # P95000032323**

1. Entity Name  
**C & L EXPRESS, INC.**



Principal Place of Business  
**3259 MAPLE AVENUE  
VINELAND, NJ 08361 US**

Mailing Address  
**826 N JOHN STREET  
SUITE 103  
ORLANDO, FL 32808 US**

**24025807**



2. Principal Place of Business  
**3212 N. East Avenue**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122004 Chg-P CR2E034 (10/03)

City & State  
**Vineland, NJ**

City & State

4. FEI Number  
**59-3310384**

Applied For  
Not Applicable

Zip  
**08361**

Country  
**USA**

Zip

Country

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

**KEENE, TERRY C  
826 N JOHN STREET  
SUITE 103  
ORLANDO, FL 32808**

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

*Luigi Cerverizzo*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**MARCH 16 - 2004**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** 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  
**P  
CERVERIZZO, LOU  
3212 N EAST AVENUE  
VINELAND, NJ 08361** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ 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:

*Luigi Cerverizzo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCH 16 - 2004**

Date

**(856) 691-6445**

Daytime Phone #