2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000001118

1. Entity Name
SOUTHERN EXPRESS LUBES, INC.

Principal Place of Business	Mailing Address
8520 CONNECTICUT AVE 200 CHEVY CHASE, MD 20815 US	8520 CONNECTICUT AVE 200 CHEVY CHASE, MD 20815 US

DO NOT WRITE IN THIS SPACE

01272006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-2215137

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARMAN, STEPHEN R
1137 CARDINAL CREEK PL
OVIEDO, FL 32765

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MORGAN, DAVID B
STREET ADDRESS	17 PRIMROSE STREET
CITY-ST-ZIP	CHEVY CHASE, MD 20815
TITLE	VP
NAME	STATAS, THOMAS A
STREET ADDRESS	4 THORBURN PLACE
CITY-ST-ZIP	GAITHERSBURG, MD 20878
TITLE	AS
NAME	MORGAN, NANCY
STREET ADDRESS	17 PRIMROSE STREET
CITY-ST-ZIP	CHEVY CHASE, MD 20815
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/18/06-80020-009 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Thomas Statas 1-22-06 3016570774 x105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #