


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000001118 1. Entity Name SOUTHERN EXPRESS LUBES, INC.	
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Principal Place of Business 8520 CONNECTICUT AVE 200 CHEVY CHASE, MD 20815 US	Mailing Address 8520 CONNECTICUT AVE 200 CHEVY CHASE, MD 20815 US
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02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2215137	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MORGAN, DAVID B 17 PRIMROSE STREET CHEVY CHASE, MD 20815
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STATAS, THOMAS A 4 THORBURN PLACE GAITHERSBURG, MD 20878
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MORGAN, NANCY 17 PRIMROSE STREET 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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02/20/08-80029-009 158.75

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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 A. Statas Feb 6, 2008 301-657-0774 X105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #