

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90020 019 ***150.00

DOCUMENT # P96000066061

1. Entity Name
NORTHDAL EXPRESS, INC.



Principal Place of Business
**15527 M DALE MABRY HWY
TAMPA, FL 33618-1639**

Mailing Address
**22539 SOUTHSORE
LAND O LAKES, FL**

04037882



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3401627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHEAR, ROBERT L P.A.
2790 SUNSET POINT RD
CLEARWATER, FL 33759**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
GIALLANZA, GEORGINA
22539 SOUTHSORE DRIVE
LAND-O-LAKES, FL 34639** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
GIALLANZA, ANTHONY
22401 YACHT CLUB TERRACE
LAND O LAKES, FL 34639** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
GIALLANZA, JOSEPH
22539 S SHORE DR
LAND O LAKES, FL 34639** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
GIALLANZA, CHRISTINE
22401 YACHT CLUB TERRACE
LAND O LAKES, FL 34639** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-04

**813 996
4353**