


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90239 030 \*\*\*150.00

<b>DOCUMENT # P96000086948</b>	
1. Entity Name <b>D.T. EXPRESS, INC.</b>	

Principal Place of Business <b>14281 HOWARD BLVD. KATHLEEN, FL 33849</b>	Mailing Address <b>14281 HOWARD BLVD. KATHLEEN, FL 33849</b>
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2. Principal Place of Business Suite, Apt. #, etc. <b>14281 Howard Blvd.</b> City & State <b>Kathleen, FL.</b> Zip <b>33849-8507</b> Country <b>901K</b>	3. Mailing Address Suite, Apt. #, etc. <b>Rt 1. Box 395 H</b> City & State <b>Bluefield, Va</b> Zip <b>24605</b> Country <b>Tazewell</b>
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04192004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3435516</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SALYERS, THOMAS 14281 HOWARD BLVD. KATHLEEN, FL 33849</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 <u>Thomas Salyers</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>Thomas Salyers</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
DATE <u>4-19-2004</u>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SALYERS, THOMAS 14281 HOWARD BLVD KATHLEEN, FL 33849</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>S SALYERS, THOMAS 37303 CHANCY RD ZEPHYRHILLS, FL 33541</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Salyers, Della Rt 1. Box 395 H Bluefield, Va 24605</b> <input checked="" type="checkbox"/> Change <input checked="" 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
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>Thomas Salyers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Thomas Salyers</u> Date <u>4-19-2004</u> 813-779-8964 <small>Daytime Phone #</small>