


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90179 014 \*\*\*150.00

<b>DOCUMENT # P97000040960</b>	
<b>1. Entity Name</b> EXPRESS INSURANCE AND TAX SERVICE, INC.	

<b>Principal Place of Business</b> 4161 NW 5 ST PLANTATION, FL 33317	<b>Mailing Address</b> PO BOX 407193 FORT LAUDERDALE, FL 33340
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**50044687**

<b>2. Principal Place of Business</b> 3030 HARTLEY RD Suite, Apt. #, etc. SUITE 320 City & State JACKSONVILLE FL Zip 32257 Country DUVAL	<b>3. Mailing Address</b> 3030 HARTLEY RD # Suite, Apt. #, etc. SUITE 320 City & State JACKSONVILLE FL Zip 32257 Country DUVAL
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04272005 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-3455547		<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> EPSTEIN, JAMES 4161 NW 5TH ST FORT LAUDERDALE, FL 33317		<b>7. Name and Address of New Registered Agent</b> Name ROBERT KLUBA Street Address (P.O. Box Number is Not Acceptable) 3030 HARTLEY RD SUITE 320 City JACKSONVILLE FL Zip Code 32257

**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 ROBERT J. KLUBA PRESIDENT / DIR DATE 4/27/05

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLUBA, ROBERT J 4161 NW 5TH ST FORT LAUDERDALE, FL 33317 <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	S EPSTEIN, JAMES A 4161 NW 5TH ST FORT LAUDERDALE, FL 33317 <input checked="" 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	T LAWSON, MICHELE V 4161 NW 5TH ST FORT LAUDERDALE, FL 33317 <input checked="" 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	D LAWSON, EDWARD J 4161 NW 5TH ST FORT LAUDERDALE, FL 33317 <input checked="" 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	D SIMBERG, BRUCE F 4161 NW 5TH ST FORT LAUDERDALE, FL 33317 <input checked="" 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	D WIDDICOMBE, RICHARD A 4161 NW 5 STREET PLANTATION, FL 33317 <input checked="" 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)(f), 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: ROBERT J. KLUBA DATE 4/27/05 904 262-0031 ext 207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR