


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90111 010 ***150.00

DOCUMENT # P97000098771 1. Entity Name EXPRESS SHOP, INC.			
Principal Place of Business 4701 S SEMORAN BLVD ORLANDO FL 32822		Mailing Address 4701 S SEMORAN BLVD ORLANDO FL 32822	
2. Principal Place of Business - No P.O. Box # EXPRESS SHOP INC Suite, Apt. #, etc. 2948, CAMOMILE DR		3. Mailing Address EXPRESS SHOP Suite, Apt. #, etc. 7614 CLEMENTINE WAY	
City & State ORLANDO - FL		City & State ORLANDO - FL	
Zip 32837		Zip 32819	
Country U.S.		Country U.S.	
4. FEI Number 59-3489671		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REDDY, MEGHAJ 7614 CLEMENTINE WAY ORLANDO FL 32819		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REDDY, KVCHAKVLLA M 7614 CLEMENTINE WAY ORLANDO FL 32819	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD REDDY, DAYAKAR K 7614 CLEMENTINE WAY ORLANDO FL 32819	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V REDDY K, DHEERA J 7614 CLEMENTINE WAY ORLANDO FL 32819	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REDDY K, NEETHA 7614 CLEMENTINE WAY ORLANDO FL 32819	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		_____ <small>Date</small>	
_____ <small>Daytime Phone #</small>		_____	