## **2004 FOR PROFIT CORPORATION**

## **FILED** Apr 30, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P98000029208 1. Entity Name 04-30-2004 90301 017 \*\*\*150.00 WEST-EXPRESS INC. Principal Place of Business Mailing Address 4043 EAGLES NEST RD 4043 EAGLES NEST RD FRUITLAND PARK FL 34731 FRUITLAND PARK FL 34731 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3501229 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRIS, CHERYL A Street Address (P.O. Box Number is Not Acceptable) 4043 EAGLES NEST RD FRUITLAND PARK FL 34731 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change Addition ☐ Delete NAME HARRIS, JAMES NAME STREET ADDRESS 4043 EAGLES NEST RD STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK FL 34731 CITY-ST-ZIP TITLE Delete TITLE □ Change Addition NAME HARRIS, CHERYL A NAME STREET ADDRESS 4043 EAGLES NEST RD STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK FL 34731 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME BUTLER, DEVARRA NAME STREET ADDRESS 4043 EAGLES NEST RD STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK FL 34731 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP