

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90442 034 ***150.00

DOCUMENT # P98000063860

1. Entity Name

EXPRESS SMALL BUSINESS FUNDING, INC.



Principal Place of Business

17595 S. TAMiami TR.
200-4
FORT MYERS FL 33908

Mailing Address

17595 S. TAMiami TR.
200-4
FORT MYERS FL 33908

MOVED



2. Principal Place of Business

24440 WOODSAGE DRIVE

3. Mailing Address

← SAME

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

1st MOORE

CR2E034 (10/05)

City & State

BONITA SPRINGS FL

City & State

← SAME

4. FEI Number

65-0853153

Applied For

Not Applicable

Zip

34134

Country

LEE

Zip

←

Country

←

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, S R
17595 S. TAMiami TR.
SUITE 204
FORT MYERS FL 33908

24440 WOODSAGE DR
BONITA SPRINGS FL
34134

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

04-21-06 CKH

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MOORE, S R
STREET ADDRESS 17595 S. TAMiami TR SUITE 204
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☒ Delete
NAME 24440 WOODSAGE DRIVE
STREET ADDRESS BONITA SPRINGS FL 34134
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

S.R. MOORE, PRESIDENT

04-21-06

239-

454-4269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #