


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90088 004 \*\*\*150.00

<b>DOCUMENT # P98000077460</b>					
1. Entity Name <b>B.C. EXPRESS, INC.</b>					
Principal Place of Business <b>410 JILLIAN DRIVE CRESTVIEW, FL 32536</b>			Mailing Address <b>2260 S FERDON BLVD 237 CRESTVIEW, FL 32536-9299</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3542104</b>	
				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			7. Name and Address of New Registered Agent		
<b>HEARN, MARY D 1304 E. 9TH STREET PANAMA CITY, FL 32401</b>			Name <b>Welton &amp; Williamson, LLC</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>1020 S. Ferdon Blvd.</b>		
			City <b>Crestview</b>		
			FL Zip Code <b>32536</b>		
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><i>William Williamson</i></u> DATE: <u>3-10-05</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HEARN, OSCAR L</b>		NAME		
STREET ADDRESS	<b>410 JILLIAN DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CRESTVIEW, FL 32536</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HEARN, LUCILLE A</b>		NAME		
STREET ADDRESS	<b>410 JILLIAN DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CRESTVIEW, FL 32536</b>		CITY-ST-ZIP		
TITLE	A	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HEARN, MARY D</b>		NAME		
STREET ADDRESS	<b>1304 E 9TH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PANAMA CITY, FL 32401</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 807, 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><i>William Williamson</i></u> DATE: <u>3/3/05</u> (850) 639-7681					
Signature and typed or printed name of signing officer or director					