

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2008 8:00 am
Secretary of State

07-30-2008 90029 045 ***150.00

DOCUMENT # P99000030803 1. Entity Name EXPRESS DESK, INC.			
Principal Place of Business 4711 34TH ST. N. #E ST. PETERSBURG, FL 33714		Mailing Address 4711 34TH ST. N. #E ST. PETERSBURG, FL 33714	
2. Principal Place of Business - No P.O. Box # 4711 34th Street N.		3. Mailing Address 4711 34th Street N.	
Suite, Apt. #, etc. Suite E		Suite, Apt. #, etc. Suite E	
City & State St. Petersburg, FL		City & State St. Petersburg, FL	
Zip 33714		Zip 33714	
Country Pinellas		Country Pinellas	
4. FEI Number 59-3576765		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 ETMAN, DOUGLAS 4711 34TH ST. N. #E ST. PETERSBURG, FL 33714		7. Name and Address of New Registered Agent Name ETMAN, DOUGLAS Street Address (P.O. Box Number Not Acceptable) 4711 34th Street N. Suite, Apt. #, etc. Suite E City St Petersburg FL Zip 33714	
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) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ETMAN, DOUGLAS 4711 34TH ST. N. ST. PETERSBURG, FL 33714	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LECLAIR, FLORA 4711 34TH ST. N. ST. PETERSBURG, FL 33714	<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
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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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: Douglas Etman 07/30/08 727-522-9211 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			