


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90047 006 \*\*\*158.75

<b>DOCUMENT # P99000069850</b>	
1. Entity Name CONDO EXPRESS, INC.	

Principal Place of Business 6225 BUCK FEVER RD POLK CITY, FL 33868	Mailing Address P.O. BOX 537 POLK CITY, FL 33868
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

01212005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3436451	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLICAN, SUSAN 6225 BUCK FEVER RD POLK CITY, FL 33868	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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>Susan E. Millican</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstalling)</small>	DATE <u>1-31-05</u>

<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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLICAN, SUSAN E P.O. BOX 537 POLK CITY, FL 33868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLICAN, JAMES TONY P.O. BOX 537 POLK CITY, FL 33868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DONNA S LYNN PO BOX 537 POLK CITY FL 33868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
SIGNATURE: <u>James Tony Millican</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1-31-05</u> Daytime Phone # <u>863-206-5592</u>

**ATTACHMENT**  
**Division of Corporations** 40012740  
#P9900006980**Annual Report**

Document Number

**P99000069850**

Business Entity Name

**CONDO EXPRESS, INC.**

FEI Number

**593594635**

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☒ Yes ☐ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No**Principal Place of Business**

Address

**6225 BUCK FEVER RD**

Suite, Apt. #, etc.

City, State

**POLK CITY****FL**

Zip Code &amp; Country

**33868****Mailing Address**

Address

**P.O. BOX 537**

Suite, Apt. #, etc.

City, State

**POLK CITY****FL**

Zip Code &amp; Country

**33868****Name And Address of Registered Agent**

Name (Last, First, Middle, Title)

**MILICAN****SUSAN****E P**

-or- RA Business Name

Address

**6225 BUCK FEVER RD**

Suite, Apt. #, etc.

City, State

**POLK CITY****FL**

Zip Code &amp; Country

**33868****US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature***Susan E. Millican P.*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

40012740

#P99000069850

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MILLICAN

**SUSAN**

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P.O. BOX 537

**POLK CITY**

FL

33868

VP

MILLICAN

**JAMES TONY**

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P.O. BOX 537

POLK CITY

FL

33868

[St.]

**LYNN**

**DONNA**

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P.O.BOX 537

**POLK CITY**

FL

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# ATTACHMENT

40012740  
# P99 000069850

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

*James Tony Mellican*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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