


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # V39366	
1. Entity Name CALIFLOR EXPRESS, INC.	

Principal Place of Business 4301 BELL LANE PACE FL 32571 US	Mailing Address 4301 BELL LANE PACE FL 32571 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent YARBROUGH, BESS R 4301 BELL LANE PACE FL 32571

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete YARBROUGH, BESS R 4301 BELL LANE PACE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete YARBROUGH, WALTER J 4301 BELL LANE PACE FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000366205 05/11/05-80035-004 550.00
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"/> Change <input type="checkbox"/> Addition
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"/> 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 19.07(3)(f), 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: Bess R. Yarbrough *Bess R. Yarbrough* 5-9-05 (850) 994-1997
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #