


**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90043 049 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # L96080</b>			
1. Entity Name SERVICE AMERICA COURIER CORP.			
Principal Place of Business 6001 N. ADAMS RD STE 203 BLOOMFIELD HILLS, MI 48304 US		Mailing Address 6001 N. ADAMS RD STE 203 BLOOMFIELD HILLS, MI 48304 US	
2. Principal Place of Business <b>33 HIRAM ST.</b>		3. Mailing Address <b>33 HIRAM ST.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LAKE ORION, MI</b>		City & State <b>LAKE ORION, MI</b>	
Zip <b>48360</b>	Country	Zip <b>48360</b>	Country
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		4. FEI Number <b>59-3025309</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent		02282005 Chg-P CR2E034 (10/03)	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		<b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<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"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CAMPBELL, RAYMOND R 6001 N ADAMS RD STE 203 BLOOMFIELD HILLS, MI 48304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CAMPBELL, RAYMOND R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33 HIRAM ST. LAKE ORION, MI 48360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERTSON, RENEE A 6001 N ADAMS RD STE 203 BLOOMFIELD HILLS, MI 48304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERTSON, RENEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33 HIRAM ST. LAKE ORION, MI 48360
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
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><i>Ray Campbell</i></u> <b>PRESIDENT</b>		Date: <u>3-7-05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

