## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000038766

SCHNEIDER, CARL A

ORLANDO, FL 32821

5736 PARKVIEW POINT DR

Name:

Address:

City-St-Zip:

Entity Name: ACS / ASSURED COURIER SERVICE, INC

FILED Apr 07, 2009 Secretary of State

y		ONED COOKIEK CERVICE,	1140.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
936 7TH PL VERO BEACH, FL 32963			936 7TH PL VERO BEACH, FL 32	936 7TH PL VERO BEACH, FL 32962	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 6 VERO BEA	51340 ACH, FL 32965				
FEI Number	: 65-0916604	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
SCHNEIDER, LYDIA ANN 936 7TH PL VERO BEACH, FL 32965 US  The above named entity submits this statement for the purpose			936 7TH PL VERO BEACH, FL 32	VERO BEACH, FL 32692 US	
	e of Florida.	abilitis this statement for the p	ourpose of changing its registere	d office of registered agent, or both,	
SIGNATURE:				04/07/2009	
		c Signature of Registered Age Trust Fund Contribution ( ).  ORS:		Date ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () I SCHNEIDER, LY 936 7TH PLACE VERO BEACH, F		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) I SCHNEIDER, CA 936 7TH PLACE VERO BEACH, F		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D ()I	Delete	Title <sup>.</sup>	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LYDIA A. SCHNEIDER PRES 04/07/2009