

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H59230

1. Entity Name
CAPITAL CONNECTION COURIER, INC.



FILED

07 JAN 30 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

417 E. VIRGINIA ST.
SUITE 1
TALLAHASSEE, FL 32301-1283

Mailing Address

417 E. VIRGINIA ST.
SUITE 1
TALLAHASSEE, FL 32301-1283



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION INC.
417 E. VIRGINIA ST., STE. 1
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

700088728257
02/19/07--01039--025 **750.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NEELEY, BARBARA
STREET ADDRESS	417 E. VIRGINIA ST., #1
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	VP
NAME	NEELEY, SETH
STREET ADDRESS	417 E VIRGINIA ST., #1
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/07

8502248870