


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # H63037 1. Entity Name CORPORATE COURIER, INC.	
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Principal Place of Business PO BOX 19337 TAMPA, FL 33686	Mailing Address PO BOX 19337 TAMPA, FL 33686
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DO NOT WRITE IN THIS SPACE



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2549280	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCGREEVY, JOHN 6605 KISSIMMEE ST TAMPA, FL 33616

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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	PD MCGREEVY, JOHN 6605 KISSIMMEE ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S POWERS, DONALD W 6610 KISSIMMEE ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>U00000933160 05/22/08-80084-014 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <i>John McGreevy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>JOHN MCGREEVY</i> PRESIDENT	<i>4/23/08</i> Date	<i>813 837 9198</i> Daytime Phone #
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