

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H84955

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** BUDGET COURIERS OF FLORIDA, INC.

**Current Principal Place of Business:**

453 E HILLCREST ST  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 607596  
ORLANDO, FL 328607596

**New Mailing Address:**

**FEI Number:** 59-2991561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUMNER, MICHAEL C.  
453 E. HILLCREST STREET  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SUMNER, MICHAEL C.  
Address: 453 E. HILLCREST ST.  
City-St-Zip: ALTAMONTE SPRGS., FL 32701

Title: OFF.  
Name: GRAHAM, JON RYAN  
Address: 453 E. HILLCREST ST.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL C. SUMNER

PRES

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date