

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L77318

Entity Name: COURIER CENTER, INC.

FILED
Jan 25, 2005
Secretary of State

Current Principal Place of Business:

P.O. BOX 2784
WEST PALM BEACH, FL 33402

New Principal Place of Business:

1100 NORTH FLORIDA MANGO ROAD
SUITE G
WEST PALM BEACH, FL 33409

Current Mailing Address:

P.O. BOX 2784
WEST PALM BEACH, FL 33402

New Mailing Address:

FEI Number: 65-0207618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNARD, VICTORIA L
69 EDINBURGH DRIVE
PALM BEACH GARDENS, FL 33418 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BERNARD, VICTORIA
Address: 69 EDINBURGH DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VD () Delete
Name: SATCHER, CHRISTOPHER D
Address: 8316 QUAIL MEADOW WAY
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: CHRISTOPHER D. SATCHER

VD

01/25/2005

Electronic Signature of Signing Officer or Director

Date