

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L99608

FILED
Apr 19, 2005
Secretary of State

Entity Name: COURIER TRANSPORTATION SERVICES, INC.

Current Principal Place of Business:

402 S. ELLIS ROAD
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 41336
JACKSONVILLE, FL 322031336 US

New Mailing Address:

FEI Number: 59-3026181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANASTASE, STEVEN M
402 S. ELLIS ROAD
JACKSONVILLE, FL 32254 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: DPT () Delete
Name: ANASTASE, STEVEN M.,
Address: 1292 HOLLYWOOD AVE.
City-St-Zip: JACKSONVILLE, FL

Title: DVS () Delete
Name: PETTY, TIM L.,
Address: 1035 HALSEMA ROAD
City-St-Zip: JACKSONVILLE, FL

Title: DV () Delete
Name: BRITT, HENRY F.,
Address: 953 JONES RD.
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: THOMAS, DAVID A.,
Address: 10702 PLUMHOLLOW DR
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: STEVEN M. ANASTASE

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04/19/2005

Electronic Signature of Signing Officer or Director

_____ Date