


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000036752	
1. Entity Name ALL POINTS COURIER SERVICE OF LAKE, INC.	

Principal Place of Business 34020 S HAINES CREEK ROAD LEESBURG, FL 34788	Mailing Address 34020 S HAINES CREEK ROAD LEESBURG, FL 34788
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DO NOT WRITE IN THIS SPACE



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3640872	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JENSVOLD, JERROLD N
34020 S HAINES CREEK ROAD
LEESBURG, FL 34788

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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 fee if applicable.</small>	<small>(NOTE: Registered Agent signature required when renewing)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000234905 02/18/05-80039-005 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JENSVOLD, JERROLD N 34020 S HAINES CREEK ROAD LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JENSVOLD, LEONE M 34020 S HAINES CREEK ROAD LEESBURG, FL 34788
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: 	Jerrold N. Jensvold	2-16-05	352-742-7555
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>