

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2008 08:00 AM  
Secretary of State

DOCUMENT # P00000057532

1. Entity Name  
COASTAL COURIER MESSENGER SERVICE, INC.



Principal Place of Business

P.O. BOX 831  
MARCO ISLAND, FL 34146

Mailing Address

P.O. BOX 831  
MARCO ISLAND, FL 34146



02142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3652937

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUCKALEW, TIMOTHY G  
164 COLUMBUS WAY  
MARCO ISLAND, FL 34145

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000931618  
02/27/08-80023-023 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME BUCKALEW, TIMOTHY G  
STREET ADDRESS 164 COLUMBUS WAY  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE O  
NAME BUCKALEW, DEVRA  
STREET ADDRESS 164 COLUMBUS WAY  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

215-87 239-389-2232