

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000098680

1. Entity Name
BOOMER COURIER SERVICE INC.



Principal Place of Business
**9718 LANCASTER PLACE
BOCA RATON, FL 33434**

Mailing Address
**9718 LANCASTER PLACE
BOCA RATON, FL 33434**



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1053530

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HEINEMANN, ROLF
9718 LANCASTER PLACE
BOCA RATON, FL 33434**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HEINEMANN, ROLF
STREET ADDRESS	9718 LANCASTER PLACE
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	V
NAME	HEINEMANN, ROLF JR
STREET ADDRESS	2845 SW 11TH PLACE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
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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02/25/05-80021-011 150.00

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: ROLF E HEINEMANN **ROLF E HEINEMANN** 2/23/05 **561-350-4433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #