

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90008 007 \*\*\*150.00

DOCUMENT # P01000000131

1. Entity Name

THE COURIERXPRESS COMPANY



Principal Place of Business

252 COX RD  
SUITE 100  
MONTICELLO FL 32344

Mailing Address

P.O. BOX 387  
MONTICELLO FL 32345



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3690583

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, BILL C JR  
252 COX ROAD, STE. 100  
MONTICELLO FL 32344

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP                        | Delete                              |
|-------|------|----------------|--|-------------------------------------|
|       | P    | PEDDICORD, J L | 2079 TAYLOR RD<br>TALLAHASSEE FL 32308 | <input checked="" type="checkbox"/> |
|       |      |                |  | <input type="checkbox"/>            |
|       |      |                |  | <input type="checkbox"/>            |
|       |      |                |  | <input type="checkbox"/>            |
|       |      |                |  | <input type="checkbox"/>            |
|       |      |                |  | <input type="checkbox"/>            |
|       |      |                |  | <input type="checkbox"/>            |

| TITLE | NAME | STREET ADDRESS    | CITY - ST - ZIP                               | Change                   | Addition                            |
|-------|------|-------------------|---|--------------------------|-------------------------------------|
|       | P    | BILL C JOHNSON JR | 252 COX ROAD, STE 100<br>MONTICELLO, FL 32344 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|       |      |                   |   | <input type="checkbox"/> | <input type="checkbox"/>            |
|       |      |                   |   | <input type="checkbox"/> | <input type="checkbox"/>            |
|       |      |                   |   | <input type="checkbox"/> | <input type="checkbox"/>            |
|       |      |                   |   | <input type="checkbox"/> | <input type="checkbox"/>            |
|       |      |                   |   | <input type="checkbox"/> | <input type="checkbox"/>            |
|       |      |                   |   | <input type="checkbox"/> | <input type="checkbox"/>            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Bill C. Johnson, Jr., President* 2/28/06 386-7472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #