

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P02000029709

1. Entity Name

RELIABLE COURIER SERVICE 2002, INC.



Principal Place of Business

1310 NW 51 AVE
LAUDERILL FL 33313

Mailing Address

1310 NW 51 AVE
LAUDERILL FL 33313

2. Principal Place of Business

1310 NW 51 AVE

Suite, Apt. #, etc.

3. Mailing Address

1310 NW 51 AVE

Suite, Apt. #, etc.

City & State

LAUDERILL

City & State

LAUDERILL

Zip

33313

Country

FL

Zip

33313

Country

FL

6. Name and Address of Current Registered Agent

BLAIR, RUDOLPH
1310 NW 51 AVE
LAUDERILL FL 33313

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 RUDOLPH BLAIR

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

(NOTE: Registered Agent signature required when reinstating)

04-17-05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BLAIR, RUDOLPH
STREET ADDRESS 1310 NW 51 AVE
CITY-ST-ZIP LAUDERILL FL 33313

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME BLAIR, NELLIE
STREET ADDRESS 1310 NW 51 AVE
CITY-ST-ZIP LAUDERILL FL 33313

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: RUDOLPH BLAIR

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90330 037 ***150.00

14001013



1st MOORE CR2E034 (10/04)

4. FEI Number 02-0575071 Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

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

FL Zip Code

04-17-05

DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-05-954.326.0429

Date

Daytime Phone #