

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000049656

1. Entity Name  
IDEAL COURIERS, INC.



FILED

04 DEC 14 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11122004 Chg-P CR2E034 (10/03)

4. FEI Number  
75-3055823

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

BARR, ELLENA  
9958 MRS. MYRT WAY  
TALLAHASSEE, FL 32305

## 7. Name and Address of New Registered Agent

Name PAULINE BEVERLY WILSON  
Street Address (P.O. Box Number is Not Acceptable)  
2912 NW 55th AVE, #1A  
City Lauderhill FL Zip Code 33313

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 Pauline Wilson

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

(NOTE: Registered Agent signature required when reinstating)

11/16/04  
DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME TAYLOR, MARCIA BARR ☒ Delete  
STREET ADDRESS POST OFFICE BOX 26803  
CITY-ST-ZIP TAMARAC, FL 33320

TITLE T  
NAME SMIKLE, CAROLINE E ☐ Delete  
STREET ADDRESS 14975 75TH LANE NORTH  
CITY-ST-ZIP LOXAHATCHEE, FL 33470

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME PAULINE BEVERLY WILSON ☒ Change ☐ Addition  
STREET ADDRESS 2912 N.W. 55 AVE. APT. 1A  
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
100043000251  
11/24/04--01048--008 \*\*70.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
BR/15

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: C. Smikle  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLINE SMIKLE 12/08/04 561 753 7333  
Marcia Taylor 11/16/04 (850) 445-2405  
Date Daytime Phone \*