2005 FOR PROFIT CORPORATION. ANNUAL REPORT

FILED Mar 24, 2005 08:00 AM Secretary of State

DOCUMENT # P02000077237 1. Entity Name BAY TO BAY COURIERS, INC.				Secretary of Sta	ate
Principal Plac 2709 CLARK	ROAD	Mailing Address 2709 CLARK ROAD	<u> </u>		
TAMPA, FL	33618	TAMPA, FL 33618			
DO NOT WRITE IN THIS SPACE			^r	01192005 No Chg-P CR2E034 (10/03)	
L	ONO! WHILE I	N I HIS SPA	CE	4. FEI Number Applied Fr 42-1543860 Not Applie	
				5. Certificate of Status Desired S8.75 Additional Fee Required	- LIDIO
6. Name and Address of Current Registered Agent					
DEL ROSAL, DEREK 2709 CLARK ROAD TAMPA, FL 33618			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the ilons of registered agent.	purpose of changing its register	ed office or registe	tered agent, or both, in the State of Florida. I am familiar with, and ac	tqsc
SIGNATURE.	Signature, typed or printed name of registered agent and title	#applicable. (NOTE: Registore	d Agent signature require	rod when reinslating) DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		5.00 May Be dded to Fees	
10.	OFFICERS AND DIRE	CTORS		_ <u></u>	
TITLE NAME	P DEL ROSAL, DEREK				
STREET ADDRESS	2709 CLARK ROAD		5		

TAMPA, FL 33618 CITY-ST-ZIP ──Unnoo0275123 03/24/05-80041-602 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITE E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/05

(813) 760-0309

Daytime Phone #