

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90242 032 ***150.00

DOCUMENT # P02000100479					
1. Entity Name ALL POINTS COURIER OF JAX., INC.					
Principal Place of Business 9300 NORMANDY BLVD. BLDG. 5-8 JACKSONVILLE, FL 32221 US			Mailing Address 9300 NORMANDY BLVD. BLDG. 5-8 JACKSONVILLE, FL 32221 US		
2. Principal Place of Business 2606 Old Middleburg Rd. N. Suite, Apt. #, etc.		3. Mailing Address "SAME"			
City & State Jax., FL.		City & State "SAME"		4. FEI Number 38-3660434	
Zip 32210		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAW, MALCOLM B D 9300 NORMANDY BLVD. BLDG. 5-8 JACKSONVILLE, FL 32221			7. Name and Address of New Registered Agent Name: LAW, Malcolm B. Street Address (P.O. Box Number is Not Acceptable): 2606 Old Middleburg Rd. N. City: Jacksonville FL Zip Code: 32210		
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: <i>Malcolm B Law</i> DATE: 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME LAW, MALCOLM B STREET ADDRESS 9300 NORMANDY BLVD. BLDG. S-8 CITY-ST-ZIP JACKSONVILLE, FL 32221	<input type="checkbox"/> Delete		TITLE PD NAME LAW, Malcolm B. STREET ADDRESS 2606 Old Middleburg Rd. N. CITY-ST-ZIP Jacksonville, FL. 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VP D NAME LAW, Jean STREET ADDRESS 2606 Old Middleburg Rd. N. CITY-ST-ZIP Jacksonville, FL. 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Malcolm B Law</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 4/28/04 <small>Daytime Phone #</small>		