


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000107975
 1. Entity Name
PROSPERITY COURIER SERVICES, INC.



Principal Place of Business Mailing Address
 790 N PONCE DE LEON BLVD PO DRAWER 1690
 SAINT AUGUSTINE, FL 32084 SAINT AUGUSTINE, FL 32085



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 76-0715461 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CREAMER, JAMES E JR
 790 N PONCE DE LEON BLVD
 SAINT AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

6. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

100000535714
 05/08/06-80053-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CREAMER, JAMES E JR
STREET ADDRESS	790 N PONCE DE LEON BLVD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	ST
NAME	PETERSON, RANDALL D
STREET ADDRESS	790 N PONCE DE LEON BLVD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #