

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90065 034 ***150.00

DOCUMENT # P02000124727					
1. Entity Name SPEEDY CAT COURIER SERVICE, INC.					
Principal Place of Business 3733 RODBY DRIVE JACKSONVILLE, FL 32210			Mailing Address 3733 RODBY DRIVE JACKSONVILLE, FL 32210		
2. Principal Place of Business 8036 Floyd St. Suite, Apt. #, etc.		3. Mailing Address 8036 Floyd St. Suite, Apt. #, etc.			
City & State Jacksonville Florida Zip 32208 Country Duval		City & State Jacksonville Florida Zip 32208 Country Duval		4. FEI Number 04-3726942	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DRUMMOND, MICHAEL T 3733 RODBY DRIVE JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 8036 Floyd St. City Jacksonville FL Zip Code 32208		
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 <u>Michael T. Drummond</u> DATE <u>04-03-05</u> <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, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DRUMMOND, MICHAEL T 3733 RODBY DRIVE JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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)(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: <u>Michael T. Drummond</u> Michael T. Drummond 04-03-05 904-765-2384 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					