

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2007 OCT -9 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000126995

1. Entity Name
COURIER - PERMIT SERVICES, INC.



Principal Place of Business
4239 WEST ELN PRADO BLVD
TAMPA, FL 33629

Mailing Address
4239 WEST ELN PRADO BLVD
TAMPA, FL 33629



09122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3066163

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREGORY, JEANETT H
4239 WEST ELN PRADO BLVD
TAMPA, FL 33629

**DO NOT WRITE
IN THIS SPACE**

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 *Jeanette H Gregory*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

[Signature]

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DIBBLE, THOMAS E
STREET ADDRESS	10043 REMINGTON DR
CITY - ST - ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

600109825226
09/24/07--01047--002 **150.00

**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 #

4239 El Prado Blvd.
Tampa, Florida 33629

McCullough & Gregory Accounting

August 27, 2007

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-4168

RE: Thomas E. Dibble.
10043 Remington Dr.
Riverview, FL 33569

#PO2000126995

Dear Sir,

We received notification that our corporation is going to be dissolved. I called your office and was told to fill out the UBR, sign it and mail to you with a letter stating that we did not receive the form.

We are sending a copy of the signed form and our check for \$150.00.

Please reinstate our corporation. Thanks for your help in resolving this matter.

Sincerely,

Jeanette H. Gregory

Jeanette H. Gregory, EA, ATA

Phone 813-831-7011
Fax 813-831-3890