


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90113 030 ***150.00

DOCUMENT # P02000126995 1. Entity Name COURIER - PERMIT SERVICES, INC.					
Principal Place of Business 4239 WEST ELN PRADO BLVD TAMPA, FL 33629 <i>3202 Gandy Blvd Tampa, FL 33611</i>			Mailing Address 4239 WEST ELN PRADO BLVD TAMPA, FL 33629 <i>3202 Gandy Blvd Tampa, FL 33611</i>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 74-3066163			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GREGORY, JEANETTE H 4239 WEST ELN PRADO BLVD TAMPA, FL 33629 <i>Teresa, J. Abble</i> <i>3202 Gandy Blvd</i> <i>Tampa, FL 33611</i>			7. Name and Address of New Registered Agent Name <i>Teresa J. Dibble</i> Street Address (P.O. Box Number is Not Acceptable) <i>3202 Gandy Blvd</i> City <i>Tampa</i> FL Zip Code <i>33611</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DIBBLE, THOMAS E 10043 REMINGTON DR RIVERVIEW, FL 33569	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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	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 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: <i>Thomas E. Dibble</i>		Date <i>4/10/08</i> Daytime Phone # <i>813 786-56</i>			