


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90056 001 \*\*\*550.00  
09-09-2004 90056 002 \*\*\*\*\*8.75

<b>DOCUMENT # P03000049832</b>	
1. Entity Name <b>KC COURIER, INC.</b>	

Principal Place of Business <b>1954 GEORGIA CIRCLE NORTH CLEARWATER, FL 33760 US</b>	Mailing Address <b>1954 GEORGIA CIRCLE NORTH CLEARWATER, FL 33760 US</b>
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2. Principal Place of Business <b>3619 W. GRAY ST.</b>	3. Mailing Address <b>3619 W. GRAY ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TAMPA, FL</b>	City & State <b>TAMPA, FL</b>
Zip <b>33609</b>	Country <b>HILLSBOROUGH</b>
Zip <b>33609</b>	Country <b>HILLSBOROUGH</b>

**66433312**



03132003 Chg-P CR2E034 (10/03)

4. FEI Number <b>02-0649842</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MARTIN, WILSON J 1954 GEORGIA CIRCLE NORTH CLEARWATER, FL, FL 33760</b>	
7. Name and Address of New Registered Agent Name <b>MARTIN WILSON J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3619 W. GRAY ST.</b> City <b>TAMPA</b> FL Zip Code <b>33609</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, WILSON J 1954 GEORGIA CIRCLE NORTH CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN WILSON J. 3619 W. GRAY ST. TAMPA, FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, WILSON J 1954 GEORGIA CIRCLE NORTH CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN WILSON J 3619 W. GRAY ST. TAMPA, FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S MARTIN, OLGA L 1954 GEORGIA CIRCLE NORTH CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S MARTIN OLGA L. 3619 W. GRAY ST. TAMPA, FL 33609 <input checked="" 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
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 reports 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:**  **8/30/04 72A 459-1699**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #