04/29/2005 10:03 : 9139640857 ANIBAL ROBAYO

FILED
May 03, 2005 08:0
Secretary of Sta

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000049832

1. Entity Name
KC COURIER, INC.

Principal Place of Business	Mailing Address
3619 W GRAY ST TAMPA, FL 33609 US	3619 W GRAY ST TAMPA, FL 33609 US

DO NOT WRITE IN THIS SPACE

03212005 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0649842

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, WILSON J
3619 W GRAY ST
TAMPA, FL 33609

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $500.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTIN, WILSON J
STREET ADDRESS	3619 W GRAY ST
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	VP
NAME	MARTIN, WILSON J
STREET ADDRESS	3619 W GRAY ST
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	T/S
NAME	MARTIN, OLGA L
STREET ADDRESS	3619 W GRAY ST
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Division of Corporations
Corporate Filing
P.O. Box 6327
Tallahassee, FL 32314

DO NOT WRITE IN THIS SPACE

$150.00

U00000360329
05/05/05-80028-016 150.00

11. 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 the 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: X _____ 4/10/05
Signature and, if applicable, Typed or Printed Name of Individual Signing (Required) Date