

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/06)

4. FEI Number **75-3115040** Applied For
Not Applicable

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

DOCUMENT # P03000053841

1. Entity Name
A BONDED COURIER, INC.



Principal Place of Business Mailing Address
4702 BALLAST POINT BLVD 4702 BALLAST POINT BLVD
TAMPA FL 33611 TAMPA FL 33611

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

WALKER, JAMES L
4702 BALLAST POINT RD
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May
Trust Fund Contribution ☐ Added to Fee

10. OFFICERS AND DIRECTORS **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT**

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP
VT	WALKER, JOAN C	4702 BALLAST PT BLVD	TAMPA	FL	33611						
P	WALKER, JAMES L	4702 BALLAST POINT BLVD	TAMPA	FL	33611						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* **4/23/07 813/839-8156**