


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2008 8:00 am**  
**Secretary of State**

07-15-2008 90062 024 \*\*\*558.75

<b>DOCUMENT # P03000058053</b>	
1. Entity Name U.S. COURIER SYSTEMS, INC.	

Principal Place of Business 1680 TILLEY AVE. CLEARWATER, FL 33756	Mailing Address 1680 TILLEY AVE. CLEARWATER, FL 33756
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**DO NOT WRITE IN THIS SPACE**



06242008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0032425	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:

REESE, BARRY N  
1447 SW GRAND DR  
FT LAUDERDALE, FL 33312

REESE, BARRY  
1680 TILLEY AVE.  
CLEARWATER, FL 33756

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

<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REUSE, BARRY N 1451 SW GRAND DR FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REUSE, BARRY 1680 TILLEY AVE. CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Barry N. Reese Barry REESE 7/10/08 727 423-3712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #