FILED
May 16, 2007 8:00 am
Secretary of State
04-25-2007 90175 015 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/25

66015162

DOCUMENT # P03000084647

1. Entity Name
AURORA CARRIERS, INC.

Principal Place of Business	Mailing Address
P. O. BOX 2490 JACKSONVILLE, FL 32203	P.O. BOX 2490 JACKSONVILLE, FL 32203

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
~~P.O. Box 2490~~	P.O. Box 6040
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ~~Lakeland, FL~~	City & State: Lakeland, FL
Zip: ~~33807~~ Country	Zip: 33807 Country

04182007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-0128792 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUNSON, CRAIG 4745 SUTTON PARK COURT #101 JACKSONVILLE, FL 32224	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: [signature] 5-11-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D MUNSON, CRIAG A P. O. BOX 2490 JACKSONVILLE, FL 32203	☐ De
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ De
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ D
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ [illegible]
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ [illegible]
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
CITY-ST-ZIP	
☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP

please mail to new address
P. O. Box 6040
Lakeland, FL
33807

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: [signature] 5-11-07 904-504-7617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #