

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90004 017 ***150.00

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1. Entity Name

ACTION COURIER SERVICE, INC.



Principal Place of Business

3892 PROSPECT AVENUE
SUITE 6
RIVIERA BEACH, FL 33404

Mailing Address

3892 PROSPECT AVENUE
SUITE 6
RIVIERA BEACH, FL 33404

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number

41-2107432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAIG I. KELLEY, P.A.
1665 PALM BEACH LAKES BLVD
SUITE 1000
WEST PALM BEACH, FL 33401

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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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LANIER, MELVIN R
STREET ADDRESS 3892 PROSPECT AVENUE, SUITE 6
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE V
NAME HOUSS, MAX
STREET ADDRESS 3829 PROSPECT AVENUE, SUITE 6
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/06

Date

561-842-5427

Daytime Phone #