

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 APR 26 AM 10:46

<b>DOCUMENT # P04000010833</b> 1. Entity Name <b>CAPITAL COURIER SERVICE, INC.</b>			
Principal Place of Business <b>236 EAST 6TH AVENUE TALLAHASSEE, FL 32303</b>		Mailing Address <b>236 EAST 6TH AVENUE TALLAHASSEE, FL 32303</b>	
2. Principal Place of Business - No P.O. Box # <b>6849 Bradfordville Rd</b>		3. Mailing Address <b>6849 Bradfordville Rd</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>	
Zip <b>32309</b>		Zip <b>32309</b>	
Country 		Country 	
<b>6. Name and Address of Current Registered Agent</b> <b>BENNETT, DANNY 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Danny Bennett</b> Street Address (P.O. Box Number is Not Acceptable) <b>6849 Bradfordville Rd</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32309</b>	
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 \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BENNETT, DANNY 236 EAST 6TH AVENUE TALLAHASSEE, FL 32303</b> <input type="checkbox"/> Delete	D <b>Danny Bennett 6849 BRAdfordville Rd. Tallahassee, FL 32309</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> <b>DANNY BENNETT</b> <i>PPS</i> <span style="float: right;">4/19/07 850-509-0588</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			