

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

2008 APR 23 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04000010833**

1. Entity Name  
CAPITAL COURIER SERVICE, INC.



Principal Place of Business  
6849 BRADFORDVILLE RD  
TALLAHASSEE, FL 32309

Mailing Address  
6849 BRADFORDVILLE RD  
TALLAHASSEE, FL 32309



04162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0615931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

BENNETT, DANNY  
6849 BRADFORDVILLE RD  
TALLAHASSEE, FL 32309

**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 \_\_\_\_\_

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BENNETT, DANNY
STREET ADDRESS	6849 BRADFORDVILLE RD
CITY-ST-ZIP	TALLAHASSEE, FL 32309

TITLE	
NAME	
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900125294019  
04/23/08--01017--019 \*\*150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #