


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90041 042 ***150.00

DOCUMENT # P05000055431	
1. Entity Name AMPM COURIER SERVICES, INC.	

Principal Place of Business 5402 AVENAL DR LUTZ, FL 33558	Mailing Address 5402 AVENAL DR LUTZ, FL 33558
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40020983



2. Principal Place of Business - No P.O. Box # 3550 WEST WATERS AVE	3. Mailing Address 3550 WEST WATERS AVE
Suite, Apt. #, etc. 150	Suite, Apt. #, etc. 150

02132007 Chg-P CR2E034 (12/06)

City & State TAMPA, FL	City & State TAMPA, FL
Zip 33614	Zip 33614
Country USA	Country USA

4. FEI Number 20-2901248	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 401 E. JACKSON STREET SUITE 1700 TAMPA, FL 33602	
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7. Name and Address of New Registered Agent	
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 _____ (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 P	<input checked="" type="checkbox"/> Delete
NAME WEBER, CHET	
STREET ADDRESS 5402 AVENAL DR	
CITY-ST-ZIP LUTZ, FL 33558	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME FRIEOMAN, HAREL E	
STREET ADDRESS 4205 WEEDTREES WALKWAY AVE	
CITY-ST-ZIP LUTZ, FL 33558	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEBER CHESTER A.	
STREET ADDRESS 5402 AVENAL DRIVE	
CITY-ST-ZIP LUTZ, FL 33558	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRIEDMAN HILAREE E	
STREET ADDRESS 4205 WOODSTOCKS AVE #150	
CITY-ST-ZIP LUTZ, FL 33558	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Chet A. Weber 02/15/07 813-932-0405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #