



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000153508 1. Entity Name COURIER SERVICES OF AMERICA, INC.		
Principal Place of Business 320 SE 2 AVENUE, #B-2 DEERFIELD BEACH, FL 33441		Mailing Address P.O. BOX 264 DEERFIELD BEACH, FL 33441
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BUTLER, RELLA R 320 SE 2 AVENUE, #B-2 DEERFIELD BEACH, FL 33441		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		01/16/08-80054-021 150.00
TITLE	D	DO NOT WRITE IN THIS SPACE
NAME	BUTLER, MICHAEL	
STREET ADDRESS	P.O. BOX 264	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	D	
NAME	BUTLER, RELLA R	
STREET ADDRESS	P.O. BOX 264	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/11/08 954-695-6579 <small>Date Daytime Phone #</small>