

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

|                                                                                               |                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P94000014037</b><br>1. Entity Name<br><b>AFFORDABLE COURIER SOLUTIONS, INC.</b> |  |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br><b>8994 SEMINOLE BLVD<br/>SEMINOLE, FL 33642</b> | Mailing Address<br><b>8994 SEMINOLE BLVD<br/>SEMINOLE, FL 33642</b> |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|



05012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3156357</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                           |
|-----------------------------------------------------------|-------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |
|-----------------------------------------------------------|-------------------------------------------|

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

**MALONEY, JOHN L  
5335 68TH STREET N SUITE 4  
ST PETERSBURG, FL 33709**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) 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**

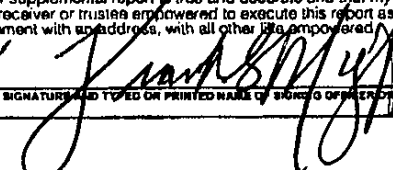
**10. OFFICERS AND DIRECTORS**

|                 |                              |
|-----------------|------------------------------|
| TITLE           | <b>D</b>                     |
| NAME            | <b>NIERENGARTEN, BARRY B</b> |
| STREET ADDRESS  | <b>2620 2ND COURT</b>        |
| CITY - ST - ZIP | <b>PALM HARBOR, FL 34684</b> |
| TITLE           | <b>D</b>                     |
| NAME            | <b>MIAZGA, FRANK S</b>       |
| STREET ADDRESS  | <b>8300 144 LN</b>           |
| CITY - ST - ZIP | <b>SEMINOLE, FL 33772</b>    |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |
| TITLE           |                              |
| NAME            |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |

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05/23/07-80053-025 150.00

**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 info empowered.

SIGNATURE:  **4/30/07** **727 392-9563**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #