

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000018277



1. Entity Name
 THE COURIER PEOPLE, INC.

Principal Place of Business
 609 PIEDMONT DRIVE
 TALLAHASSEE, FL 32312

Mailing Address
 609 PIEDMONT DRIVE
 TALLAHASSEE, FL 32312



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3362417	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCBRIDE, ELEANOR C
 609 PIEDMONT DRIVE
 TALLAHASSEE, FL 32312

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 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 _____ DATE _____
(Signature typed or printed name of current registered agent and date if applicable) (NOTE: Registered Agent signature required when re-stating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	P MCBRIDE, ELEANOR C 609 PIEDMONT DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V MCBRIDE, DIANA S 609 PIEDMONT DR. TALLAHASSEE, FL 32312
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) 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: *Diana McBride* / DIANA MCBRIDE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04
Date

850.545.4826
Dynamic Print #