

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000089156

1. Entity Name
AAA-ABC COURIER EXPRESS, INC.



FILED
Jun 04, 2004 08:00 AM
Secretary of State

Principal Place of Business
13725 SPANISH MARSH TRAIL
JACKSONVILLE, FL 32225

Mailing Address
13725 SPANISH MARSH TRAIL
JACKSONVILLE, FL 32225



03262003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3540230

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONDON, MARSHA
13725 SPANISH MARSH TRAIL
JACKSONVILLE, FL 32225

**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

Marsha London
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
VP
LONDON, MARSHA
13725 SPANISH MARSH TRAIL
JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
SPINKS, JAMES
13725 SPANISH MARSH TRAIL
JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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06/04/04-80002-006 150.00

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IN THIS SPACE**

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:

Marsha London

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #