

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000108346

1. Entity Name
AACORD COURIER, INC.



FILED
Apr 27, 2007 08:00 AM
Secretary of State

Principal Place of Business
1111-A ENTERPRISE COURT
HOLLY HILL, FL 32117

Mailing Address
1111-A ENTERPRISE COURT
HOLLY HILL, FL 32117



04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3553672	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

PERRY, KAREN
694 BUENA VISTA AVENUE
ORMOND BEACH, FL 32174

**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

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

(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	PVTS
NAME	PERRY, KAREN
STREET ADDRESS	694 BUENA VISTA AVENUE
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	DCM
NAME	PERRY, KAREN
STREET ADDRESS	694 BUENA VISTA AVENUE
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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05/14/07-80058-025 150.00

**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 like empowered.

SIGNATURE: Karen Perry - KAREN PERRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07 386-252-4611
Date Daytime Phone #