

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P99000103468**

1. Entity Name  
**HOMETOWN EXPRESS COURIER, INC.**



Principal Place of Business  
**1520 EDGEWATER DR  
STE H  
ORLANDO, FL 32804**

Mailing Address  
**P.O. BOX 561312  
ORLANDO, FL 32856-1312**



02082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3608554</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**KENNEDY, ELIZABETH  
626 SPURCEWOOD CIRCLE  
ALTAMONTE SPRINGS, FL 32714**

**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 requires when resigning.) 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 NAME STREET ADDRESS CITY - ST - ZIP	D KENNEDY, ELIZABETH P.O. BOX 561312 ORLANDO, FL 328561312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHORT, DENISE PO BOX 561312 ORLANDO, FL 328561312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/31/07-80015-018 158.75

**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 Elizabeth Kennedy **ELIZABETH KENNEDY** 02-09-07 407-422-7191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #