


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # S37971</b> 1. Entity Name <b>RAPID DISPATCH SERVICES, INC.</b>	
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Principal Place of Business <b>2071 EMERSON STREET 23 JACKSONVILLE, FL 32207</b>	Mailing Address <b>2071 EMERSON STREET 23 JACKSONVILLE, FL 32207</b>
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01142008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0252119</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LEROY A. SORRELLS 3992 CROSS CREEK RD. JACKSONVILLE, FL 32277</b>
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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 <i>Leroy A. Sorrells</i> Signature, typed or printed name of registered agent and title if applicable	<i>Leroy A. Sorrells</i> (NOTE: Registered Agent signature required when reinstating)	<i>3-14-08</i> DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SORRELLS, JASON E 5228 COLONIAL AVE. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SORRELLS, LEROY A 3992 CROSS CREEK RD. JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/03/08-80053-012 150.00

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: <i>Leroy A. Sorrells</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>Leroy A. Sorrells</i> Date	<i>3-14-08</i> Daytime Phone #

904-398-0821