


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**


**DOCUMENT # G89634**

1. Entity Name  
CONSOLIDATED MAILING SERVICES, INC.



Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
6015 BENJAMIN RD #330 6015 BENJAMIN RD #330  
TAMPA, FL 33634 TAMPA, FL 33634

**DO NOT WRITE IN THIS SPACE**



03252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2384296	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

ADLER, GARY  
6015 BENJAMIN RD., #330  
TAMPA, FL 33634

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	DP ADLER, GARY N. 6015 BENJAMIN RD #330 TAMPA, FL 336345179
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03/30/05-80023-020 150.00

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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)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: GARY ADLER President 3/25/05 (P) fff-5003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #