

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L87521

Entity Name: MR. MAILBOX, INC.

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

8949 SE BRIDGE ROAD
HOBE SOUND, FL 33455 US

New Principal Place of Business:

Current Mailing Address:

8949 SE BRIDGE ROAD
HOBE SOUND, FL 33455 US

New Mailing Address:

FEI Number: 65-0201389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SEMENTELLI, ANTHONY R
8949 SE BRIDGE RD.
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SEMENTELLI, ANTHONY R
Address: POST OFFICE BOX 8463 N/A
City-St-Zip: HOBE SOUND, FL 33455

Title: STD () Delete
Name: SEMENTELLI, KIMBERLY R
Address: POST OFFICE 8463 N/A
City-St-Zip: HOBE SOUND, FL 33455

Title: VD () Delete
Name: JACKURA, MICHAEL J
Address: 137 SUMMIT OAKS LANE
City-St-Zip: HOLLY SPRINGS, NC 27540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SEMENTELLI, ANTHONY R
Address: POST OFFICE BOX 8463
City-St-Zip: HOBE SOUND, FL 33475

Title: STD (X) Change () Addition
Name: SEMENTELLI, KIMBERLY R
Address: POST OFFICE 8463
City-St-Zip: HOBE SOUND, FL 33475

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY R. SEMENTELLI

STD

04/24/2006

Electronic Signature of Signing Officer or Director

Date