2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State
04-14-2004 90059 039 ***150.00

24042362

DOCUMENT# P94000012508

1. EntityName
AUTOMATED PRESORT, INC.

PrincipalPlaceofBusiness	MailingAddress
5477 JET PORT INDUSTRIAL BLVD TAMPA, FL 33634 US	5477 JET PORT INDUSTRIAL BLVD TAMPA, FL 33634 US

DO NOT WRITE IN THIS SPACE

01282004 NoChg-P CR2E034(10/03)

4. FEINumber
59-3225272
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

COLEMAN, JOHN W
5477 JET PORT INDUSTRIAL BLVD
TAMPA, FL 33634

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	DP
NAME	COLEMAN, JOHN W
STREETADDRESS	10027 REMINGTON DR
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	DC
NAME	LOWRY, ALLISON E
STREETADDRESS	5477 JETPORT INDUSTRIAL BLVD
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	DVS
NAME	GOLDBERG, CRAIG R
STREETADDRESS	13722 WALBROOKE DR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. Ihereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X _____ 4/9/05 813-887-3838
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#