2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT# P94000012508

1. EntityName
AEGIS MAIL SERVICES, 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

01042005 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, 2005 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	

U00000301838
04/13/05-80047-015 150.00

DO NOT WRITE IN THIS SPACE

12. Ihereby certifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;and dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwithanaddress,withallotherlikeempowered.

SIGNATURE: _____ 4/11/05 813-887-3838
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#