


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 608756 1. Entity Name THE MAIL ROOM, INC.	
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Principal Place of Business 2623 NW 74TH PLACE GAINESVILLE, FL 32653	Mailing Address 2623 NW 74TH PLACE GAINESVILLE, FL 32653
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01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1879219	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BROWN, THOMAS C. 2623 N W 74TH PLACE GAINESVILLE, FL 32653
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROWN, THOMAS C 2623 NW 74TH PLACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRIATICO, LEANNE B 2623 NW 74TH PL GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS WHITTON, RHONDA 2623 NW 74 PL GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WHITTON, ANSLEY 2623 NW 74TH PL GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRIATICO, JOSEPH 2623 NW 74TH PL GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/15/04-80012-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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: Thomas C Brown 1-13-04 (352) 318-1704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #