

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90037 020 ****61.25

DOCUMENT # 707246

1. Entity Name

TAMPA LETTER CARRIERS, INC.



Principal Place of Business

**3003 CYPRESS STREET
TAMPA FL 33609-1617**

Mailing Address

**3003 CYPRESS STREET
TAMPA FL 33609-1617**

04000701



MOORE

CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1033678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOSAL, DUANE A
1816 W BEARSS AVE
TAMPA FL 33613**

7. Name and Address of New Registered Agent

Name

Dosal, Duane A

Street Address (P.O. Box Number is Not Acceptable)

19121 Larchmont Dr

City

Odessa

FL

Zip Code

33556

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

Duane A Dosal Treasurer

[Signature]

2-07-04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROUSSEAU, MICHAEL	
STREET ADDRESS	1 OCTAVIA WAY	
CITY-ST-ZIP	SAFETY HARBOR FL 34695-5218	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DOSAL, DUANE A	
STREET ADDRESS	1816 W BEARSS AVE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, LENIN	
STREET ADDRESS	3603 MALOA WAY	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John A. Watts	
STREET ADDRESS	806 Lexington Blvd	
CITY-ST-ZIP	Tampa, FL 33612	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duane A. Dosal	
STREET ADDRESS	19121 Larchmont Dr	
CITY-ST-ZIP	Odessa, FL 33556	
TITLE	Co-Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan W. Peacock	
STREET ADDRESS	11307 Wheeling Dr	
CITY-ST-ZIP	Tampa, FL 33635	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby 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 617, 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:

[Signature] **Duane A. Dosal**

2-09-04

(813) 920-7214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #