

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**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**



02082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**GEBO, JOHN J  
6122 E. 111TH AVE  
TAMPA, FL 33617**

**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 John J. Gebo TREASURER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/9/07  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
OBST, BRIAN  
7089 121 AVE N  
LARGO, FL 33773**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
GEBO, JOHN J  
6122 E 111 AVE  
TAMPA, FL 33617**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
AEPPPEL, DETLEV  
5530 WOODBINE DR  
WESLEY CHAPEL, FL 33543**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000633384  
02/21/07-80059-016 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

John J. Gebo - JOHN J. GEBO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER**

2/9/07 (813) 985-5474  
Date Daytime Phone #