


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 707246</b> 1. Entity Name <b>TAMPA LETTER CARRIERS, INC.</b>	
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Principal Place of Business <b>3003 CYPRESS STREET TAMPA, FL 33609-1617</b>	Mailing Address <b>3003 CYPRESS STREET TAMPA, FL 33609-1617</b>
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01072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1033678</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>GEBO, JOHN J 6122 E. 111TH AVE TAMPA, FL 33617</b>
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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:  (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE: 3/01/08

**Filing Fee is \$61.25  
Due by May 1, 2008**

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
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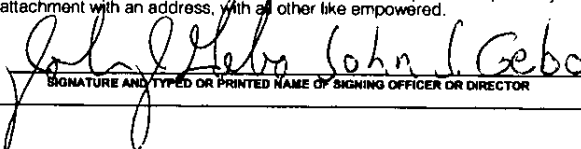
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03/17/08-80001-003 70.00

**DO NOT WRITE  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

  
John J. Gebo

3/01/08 (813) 877-5491  
Date Daytime Phone #