

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# 751326

Entity Name: POST SCRIPT, INC.

Current Principal Place of Business:

1879 EMERALD BAY DR
ROCKWALL, TX 750873284 US

New Principal Place of Business:

Current Mailing Address:

1879 EMERALD BAY DR
ROCKWALL, TX 750873284 US

New Mailing Address:

FEI Number: 59-2020287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORELLI, DEBRA G
1600 BENTIN DRIVE S
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: RIGGIN, JUDY,
Address: 2405 NEMETH CT
City-St-Zip: ALEXANDRIA, VA 22306

Title: SD () Delete
Name: JENNINGS, WADE,
Address: 621 EAST CHARLES
City-St-Zip: MUNCIE, IN

Title: SD () Delete
Name: TORELLI, DEBRA
Address: 1600 BENTON DR SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: PD () Delete
Name: DUCHOVNAY, GERALD,
Address: 1879 EMERALD BAY DR
City-St-Zip: ROCKWALL, TX 75087

Title: TD () Delete
Name: NELSON, RENWICK T,
Address: 3938 BARCELONA
City-St-Zip: JACKSONVILLE, FL

Title: VD () Delete
Name: TELOTTE, J. P.,
Address: 3780 W COOPER LK DR
City-St-Zip: SMYRNA, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD DUCHOVNAY

PD

01/11/2005

Electronic Signature of Signing Officer or Director

Date