

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90302 041 \*\*\*150.00

**DOCUMENT # F04000001175**

1. Entity Name  
POSTAL FLEET SERVICES, INC.



Principal Place of Business  
609 TWENTIETH STREET  
SAINT AUGUSTINE, FL 32084

Mailing Address  
PO BOX 1271  
SAINT AUGUSTINE, FL 32085-1271

40068060



2. Principal Place of Business

3. Mailing Address

PO BOX 1731

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182005

Chg-P

CR2E034 (10/03)

City & State

City & State

SAINT AUGUSTINE FL

4. FEI Number

71-0909134

Applied For

Not Applicable

Zip

Country

Zip

Country

32085-1731

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DORRIS, L. DON  
609 TWENTIETH STREET  
SAINT AUGUSTINE, FL 32084

Name

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

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPS ☐ Delete  
NAME OVERBY, R.D.  
STREET ADDRESS 818 PRINCETON STREET  
CITY-ST-ZIP PROVIDENCE, KY 42450

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VCV ☐ Delete  
NAME DORRIS, L DON  
STREET ADDRESS 609 TWENTIETH STREET  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DORRIS, L DON  
STREET ADDRESS 609 TWENTIETH STREET  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME OVERBY, JIMMY  
STREET ADDRESS 818 PRINCETON STREET  
CITY-ST-ZIP PROVIDENCE, KY 42450

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DORRIS, B.L.  
STREET ADDRESS 609 TWENTIETH STREET  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. DON DORRIS

Date

Daytime Phone #

4/15/2005 9048242007