

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000021

FILED
Apr 06, 2009
Secretary of State

Entity Name: MAIL TRANSPORT SERVICES INC.

Current Principal Place of Business:

6142 SOUTEL DRIVE
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

6142 SOUTEL DRIVE
JACKSONVILLE, FL 32219

New Mailing Address:

317 EDWARDIA DRIVE
GREENSBORO, NC 27409 US

FEI Number: 26-0016340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, ELIHEW
1346 BLACKMON
GREEN COVE SPRINGS, FL 32043 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: CLINE, DOUGLAS D.
Address: 3210 FORSYTH DR.
City-St-Zip: GREENSBORO, NC 27407

Title: PRES () Delete
Name: DONNELLY, JOHN D
Address: 110 BROOKBERRY DRIVE
City-St-Zip: JAMESTOWN, NC 27282

Title: DV () Delete
Name: CLINE, CHAD
Address: 2029 SADDLEGATE CT.
City-St-Zip: GREENSBORO, NC 27407

Title: DS () Delete
Name: CLINE, SHARON
Address: 5042 BARTHOLOMEWS LANE
City-St-Zip: GREENSBORO, NC 07409

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DONNELLY

PRES

04/06/2009

Electronic Signature of Signing Officer or Director

Date