2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# F98000004958

Entity Name: M.A.I.L. OF JACKSONVILLE, INC.

Current Principal Place of Business:

6002 BOWDENDALE AVE
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

P O BOX 5685
LAFAYETTE, IN 47903

New Mailing Address:

FEI Number: 35-2052508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBBINS, TYSON A
3700 GOLDEN REEDS LANE
APT 14
JACKSONVILLE, FL 32216 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:	PC	( ) Delete
Name:	ROBBINS, TYSON A	
Address:	3700 GOLDEN REEDS LANE	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	VVC	( ) Delete
Name:	ROBBINS, MISTY D	
Address:	526 N EARL AVE	
City-St-Zip:	LAFAYETTE, IN 47904	
Title:	TSD	( ) Delete
Name:	ROBBINS, RONALD R	
Address:	526 N EARL AVE	
City-St-Zip:	LAFAYETTE, IN 47903	
Title:	D	( ) Delete
Name:	WELTON, RON	
Address:	526 N EARL AVE	
City-St-Zip:	LAFAYETTE, IN 47904	

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: TYSON ROBBINS PRES 02/06/2009
Electronic Signature of Signing Officer or Director — Date