

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90847 024 ***158.75

DOCUMENT # F99000001910

1. Entity Name
U.S. POSTCARD SYSTEMS, INC.



Principal Place of Business
**6730 WEST LINEBAUGH AVE
SUITE 201
TAMPA, FL 33625**

Mailing Address
**6730 WEST LINEBAUGH AVE
SUITE 201
TAMPA, FL 33625**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3535409

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HANNA, LINDA C
600 S MAGNOLIA AVE #125
TAMPA, FL 33606**

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE _____ PCD
NAME TROFF, P. D
STREET ADDRESS 6730 WEST LINEBAUGH AVE SUITE 201
CITY - ST - ZIP TAMPA, FL 33625

TITLE _____ VSD
NAME GOLDEN, LAWRENCE
STREET ADDRESS 6730 WEST LINEBAUGH AVE SUITE 201
CITY - ST - ZIP TAMPA, FL 33625

TITLE _____
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

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NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

TITLE _____
NAME _____
STREET ADDRESS _____
CITY - ST - ZIP _____

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or as an attachment with an address, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Don Troff 4/27/07 813-960-7787