

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90022 010 \*\*\*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



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3535409

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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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 1 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**