2005 FOR PROFIT CORPORATION ANNUAL REPORT

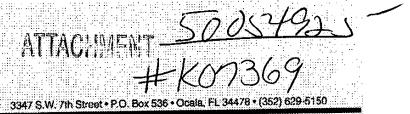
SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # K07369 07-05-2005 90221 018 ***150.00 1. Entity Name MAIL SORT, INC. Principal Place of Business Mailing Address -3347-S:W:-7TH-STREET 3347 S.W. 7TH STREET 50054925 P.O. BOX 536 P.O. BOX 536 OCALA, FL 34478-0536 US OCALA, FL 34478-0536 US 3. Mailing Address 7.0. 36X 536 2. Principal Place of Business Suite, Apt. #, etc. 06302005 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number FL. ALADO 59-2861785 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired MARION 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AYRES, BENJAMIN H Street Address (P.O. Box Number is Not Acceptable) 445 NE 8 AVE 🕝 OCALA, FL 34470 City 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 NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Change ■ Addition NICHOLS, CARMAN NAME NAME STREET ADDRESS **3347 SW 7 STREET** STREET ADDRESS CITY-ST-ZIP OCALA, FL CITY-ST-7IP ☐ Delete TITLE TITI F ☐ Addition ☐ Chance NAME NICHOLS, SANDRA H NAME STREET ADDRESS **3347 SW 7 STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA, FL TITLE Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Channe ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 jeport 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 trusfee 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 attacking with an address with all other like empowered.

FILED Jul 05, 2005 8:00 am





JUNE 30, 2005

TO:

FLORIDA DEPT OF STATE/DIV OF CORP.

FROM: CARMAN NICHOLS, DIRECTOR

ATTACHED IS THE 2005 CORPORTION ANNUAL REPORT FORM WITH CHECK FOR \$150.00.

THIS IS TO NOTIFY YOU THAT THIS OFFICE NEVER RECEIVED A LETTER OR REQUEST TO FILE THE ANNUAL REPORT FOR 2005.

WE HAVE ALWAYS PAID OUR FEE ON TIME IN THE PAST, AND ASK THAT YOU ACCEPT THIS REPORT AND CHECK AS BEING TIMELY.

WE WILL CERTAINLY TAKE STEPS TO SEE THAT FUTURE MAIL IS RECEIVED. WE USE THE POST OFFICE BOX FOR ALL OUR MAIL, AS WE HAVE HAD PROBLEMS WITH SCHOOL CHILDREN TAKING MAIL OUT OF THE MAIL BOX OUTSIDE OF OUR BUILDING.

THANK YOU FOR YOUR ATTENTION TO THIS LETTER.