


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90079 034 ***150.00

DOCUMENT # K07369 1. Entity Name MAIL SORT, INC.			
Principal Place of Business 3347 S.W. 7TH STREET P.O. BOX 536 OCALA, FL 34478-0536-05		Mailing Address P.O. BOX 536 OCALA, FL 34478 US	
2. Principal Place of Business - No P.O. Box # 3347 SW 7TH STREET		3. Mailing Address Suite, Apt. #, etc.	
City & State OCALA, FL		City & State Suite, Apt. #, etc.	
Zip 34474	Country MARION	Zip 	Country
6. Name and Address of Current Registered Agent MERRIAM, III, LAUREN E 4 SE BROADWAY OCALA, FL 34471		7. Name and Address of New Registered Agent Name MERRIAM, III, LAUREN E Street Address (P.O. Box Number is Not Acceptable) SAME City SAME FL Zip Code SAME	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete NICHOLS, CARMAN 3347 SW 7 STREET OCALA, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (ZIP CODE) 34474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete NICHOLS, SANDRA H 3347 SW 7 STREET OCALA, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (ZIP CODE) 34474
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-17-07 (352) 629-5150 <small>Daytime Phone #</small>	