

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # K95272	
1. Entity Name MAIL PROCESSING ASSOCIATES, INC.	

Principal Place of Business 430 N. WABASH AVE. LAKELAND, FL 33815 US	Mailing Address PO BOX 3933 LAKELAND, FL 33802 US
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DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2951736	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent YELVINGTON, ROBERT 430 N. WABASH AVE. LAKELAND, FL 33815

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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP YELVINGTON, ROBERT 7022 CATHERINE DR LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV YELVINGTON, TERESA 7022 CATHERINE DR LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT YELVINGTON, TERESA 7022 CATHERINE DR LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HUBBARD, RICHARD 1602 LEHALL SQUARE N LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/14/06-80011-013 150.00

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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: Teresa L. Yelvington Teresa L. Yelvington 02/28/06 (863)687-6945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #