


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L54868</b>	
<b>1. Entity Name</b> EASY MAIL WEST, INC.	

<b>Principal Place of Business</b> 199 PALMETTO AVE TALLAHASSEE, FL 32306 US	<b>Mailing Address</b> 3078 HONOR LANE TALLAHASSEE, FL 32301 US
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01252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3002285	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

GOOD, LARRY D.  
3078 HONOR LANE  
TALLAHASSEE, FL 32301

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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 reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	GOOD, LARRY
<b>STREET ADDRESS</b>	3078 HONOR LANE
<b>CITY-ST-ZIP</b>	TALLAHASSEE, FL 32301
<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	GOOD, JUDY K.
<b>STREET ADDRESS</b>	3078 HONOR LANE
<b>CITY-ST-ZIP</b>	TALLAHASSEE, FL 32301
<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	GOOD, BRUCE D
<b>STREET ADDRESS</b>	3078 HONOR LANE
<b>CITY-ST-ZIP</b>	TALLAHASSEE, FL 32301
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	SIMMONS, KENNETH W.
<b>STREET ADDRESS</b>	3879 EDGEWATER DRIVE
<b>CITY-ST-ZIP</b>	TALLAHASSEE, FL 32310
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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02/18/06-80086-018 150.00

**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 on an attachment with an address with all other like empowered.

**SIGNATURE:** Larry Good Larry Good 2/6/06 850 566 1775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #