

007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L54868

1. Entity Name
EASY MAIL WEST, INC.



Principal Place of Business
199 PALMETTO AVE
TALLAHASSEE, FL 32306 US

Mailing Address
3078 HONOR LANE
TALLAHASSEE, FL 32301 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

07032007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3002285

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GOOD, LARRY D.
3078 HONOR LANE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GOOD, LARRY	
STREET ADDRESS	3078 HONOR LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOOD, JUDY K.	
STREET ADDRESS	3078 HONOR LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GOOD, BRUCE D	
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CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, KENNETH W.	
STREET ADDRESS	3879 EDGEWATER DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	
TITLE		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
07 JUL -3 AM 11:48

STATE
TALLAHASSEE, FLORIDA



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