


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 08:00 AM
Secretary of State

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| DOCUMENT # M99940 1. Entity Name MAIL RELIEF, INC. |  |
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| Principal Place of Business 8401 9TH ST., N. SUITE C ST. PETERSBURG, FL 33702 | Mailing Address 8401 9TH ST., N. SUITE C ST. PETERSBURG, FL 33702 |
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01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2903878 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BEACH, JAMES D 424 CENTRAL AVE STE 702 ST. PETERSBURG, FL 33701 |
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IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FRANKLAND, EVE H. 8401 NINTH ST NORTH ST. PETERSBURG, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VILLDIBILL, NANCY 116 SAND ST BRANDON, FL 33511 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BEACH, JAMES D 424 CENTRAL AVE STE 702 SAINT PETERSBURG, FL 33701 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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06/03/04-80003-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: E. H. Frankland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-04
Date

Daytime Phone #