


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N16274	
1. Entity Name	
LETTER CARRIER HOLDING CORPORATION, BRANCH 2689, INC.	

Principal Place of Business	Mailing Address
1497 GUAVA AVE MELBOURNE FL 32935 US	P O BOX 120128 WEST MELBOURNE FL 32912 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number	59-6194534	Applied For
		Not Applicable

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	
MANOPOLI, MICHAEL 311 E PALMETTO AVE. MELBOURNE FL 32901	

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
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FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Trust Fund Contribution.		

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONOPOLI, MICHAEL	NAME	
STREET ADDRESS	311 E PALMETTO AVE	STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32901	CITY - ST - ZIP	
TITLE	TR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVETT, JOHN B	NAME	
STREET ADDRESS	1249 CANNON ST	STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32935	CITY - ST - ZIP	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, GEORGE	NAME	
STREET ADDRESS	520 SHERIDAN AVE	STREET ADDRESS	
CITY - ST - ZIP	SATELLITE BEACH FL 32937	CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, MICHAEL	NAME	
STREET ADDRESS	550 PRELUDE ST N W	STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL 32907	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, DANIEL	NAME	
STREET ADDRESS	1835 MINUTEMEN CAUSEWAY #103	STREET ADDRESS	
CITY - ST - ZIP	COCOA BEACH FL 32931	CITY - ST - ZIP	
TITLE	I <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OXENDINE, SHARON	NAME	
STREET ADDRESS	413 FILLMORE AVE N E	STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL 32907	CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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 617, 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:		4/5/05	321-543-9227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #