

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N37215 |  |
| 1. Entity Name NAPLES LETTER CARRIERS CORPORATION | |

| | |
|--|--|
| Principal Place of Business C/O JESSE A. COSTIN P O BOX 7131 NAPLES, FL 33941-4131 | Mailing Address C/O JESSE A. COSTIN P O BOX 7131 NAPLES, FL 33941-4131 |
|--|--|



01162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 65-0339613 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**COSTIN, JESSE A
4406 EXCHANGE AVE.
#131
NAPLES, FL 33942**

**DO NOT WRITE
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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COSTIN, JESSE A 232 GLEN EAGLE CIRCLE NAPLES, FL 34104 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MICIEL, AL JR P.O. BOX 10018 NAPLES, FL 34101 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD QUINN, CINDY 921 15TH ST SW NAPLES, FL 34112 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WARNER, ELLEN 4120 4TH AVE NE NAPLES, FL 34120 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WATRAL, JOHN 505 WINDSOR SQ APT 202 NAPLES, FL 34104 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000821153
02/19/08-80012-014 61.25

**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 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: Ellen M Warner **ELLEN M WARNER** 2/5/08 239-263-4716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #