

**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**

DO NOT WRITE IN THIS SPACE

01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0339613

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable.

(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

U000000821153
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 #