

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000015495
 1. Entity Name
 THE POSTMAN INC.



Principal Place of Business: 703 ROBIN AVENUE, PALM HARBOR, FL 34683
 Mailing Address: 703 ROBIN AVENUE, PALM HARBOR, FL 34683

DO NOT WRITE IN THIS SPACE



02282004 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-3627715 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BRUNO, MICHAEL L
 600 BYPASS DRIVE
 SUITE 115
 CLEARWATER, FL 33764

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 _____

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

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

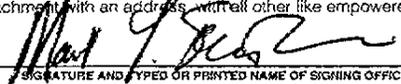
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SEYNDERS, MARK L
STREET ADDRESS	703 ROBIN AVENUE
CITY - ST - ZIP	PALM HARBOR, FL 34683
TITLE	VP
NAME	SEYNDERS, MARK
STREET ADDRESS	703 ROBIN AVENUE
CITY - ST - ZIP	PALM HARBOR, FL 34683
TITLE	S
NAME	SEYNDERS, MARK
STREET ADDRESS	703 ROBIN AVENUE
CITY - ST - ZIP	PALM HARBOR, FL 34683
TITLE	T
NAME	SEYNDERS, MARK
STREET ADDRESS	703 ROBIN AVENUE
CITY - ST - ZIP	PALM HARBOR, FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000113496
 04/15/04-80011-010 150.00

DO NOT WRITE IN THIS SPACE

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:  DATE: 4/12/04 DAYTIME PHONE #: 27-42-1356 Cell