


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
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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 <input type="checkbox"/> \$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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	D SEYNDERS, MARK L 703 ROBIN AVENUE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SEYNDERS, MARK 703 ROBIN AVENUE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SEYNDERS, MARK 703 ROBIN AVENUE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SEYNDERS, MARK 703 ROBIN AVENUE 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: 	4/12/04	Cell 27-422-1356
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>