
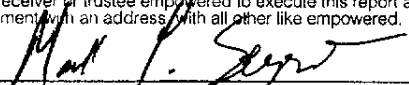


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 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				
				 04102005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE		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				
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
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				
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 4/11/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #		