


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000073998 1. Entity Name AMERICANPOSTCARDART.COM, INC.	
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Principal Place of Business 1807 MAGNOLIA ST SARASOTA, FL 34239	Mailing Address 1807 MAGNOLIA ST SARASOTA, FL 34239
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DO NOT WRITE IN THIS SPACE



05082004 No Chg-P CR2E034 (10/03)

4. FEI Number 75-3050274	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COURSEN, ELIZABETH H 1807 MAGNOLIA ST SARASOTA, FL 34239

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

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

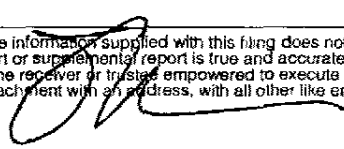
In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS NEIGH, PHILIP 1807 MAGNOLIA ST SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CRURSEN, LIZ 1807 MAGNOLIA ST SARASOTA, FL 34239
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/11/04-80001-023 150.00

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/04 941-984-3124
Date Daytime Phone #

Elizabeth H. Coursem