

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90013 037 ***150.00

DOCUMENT # P01000022913

1. Entity Name
MORE THAN JUST MAIL INC



Principal Place of Business
**11321 STARKEY ROAD
LARGO, FL 33773**

Mailing Address
**11321 STARKEY ROAD
LARGO, FL 33773**

50021014



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05162006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3708358

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGLONE, DOLORES L
10575 109TH STREET NORTH
LARGO, FL 33778**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Dolores L. McGlone

Dolores L. McGlone 6/2/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MCGLONE, DOLORES L
10575 109TH ST N
LARGO, FL 33778** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

Dolores L. McGlone

Dolores L. McGlone 6/2/06 727-39-8989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT
50021014
Division of Corporations

Annual Report

[Annual Report Help](#)

Document Number

P01000022913

Business Entity Name

MORE THAN JUST MAIL INC

FEI Number

593708358

FEI Number Status

☒ Listed Above ☐ Applied For
☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund
Contribution☐ Yes ☒ No

Principal Place of Business

Address 11321 STARKEY ROAD
Suite, Apt. #, etc.
City, State LARGO, FL
Zip Code & Country 33773

Mailing Address

Address 11321 STARKEY ROAD
Suite, Apt. #, etc.
City, State LARGO, FL
Zip Code & Country 33773

Name and Address of Registered Agent

Name (Last, First, Middle, Title) MCGLONE, DOLORES, L

- OR -

Business to serve as RA

Address (PO Box is not

10575 109TH STREET NORTH

acceptable)

Suite, Apt. #, etc.

City, State

Zip Code & Country

LARGO, FL

33778 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

P

Name (Last, First, Middle, Title)

MCGLONE

DOLORES

L

- OR -

Entity Name to serve as Officer/Director

Street Address

10575 109TH ST N

City, State

LARGO

FL

Zip Code & Country

33778

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

ATTACHMENT

50021014
#P01000022913

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)**- OR -**Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)**- OR -**Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,
Title)**- OR -**Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle,

ATTACHMENT

50021014
#P01000022913

Title) _____

- OR -Entity Name to serve as
Officer/Director _____

Street Address _____

City, State _____

Zip Code & Country _____

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

President

Officer/Director Signature

Robert L. McHone

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

[Continue](#)[Reset](#)[Start Over](#)[Sunbiz Home Page](#)[Annual Report Help](#)