

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000036708

FILED
Mar 24, 2009
Secretary of State

Entity Name: EARNEST MAIL CONSULTING CORPORATION

Current Principal Place of Business:

320 N PINE AVE
INVERNESS, FL 344504220

New Principal Place of Business:

Current Mailing Address:

PO BOX 51
INVERNESS, FL 344510051

New Mailing Address:

FEI Number: 01-0651769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EARNEST, MARSHALL E
320 N PINE AVE
INVERNESS, FL 344504220 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EARNEST, MARSHALL E
Address: 6 NORTH BEST POINT
City-St-Zip: INVERNESS, FL 344501452

Title: VD () Delete
Name: EARNEST, THERESA
Address: 6 NORTH BEST POINT
City-St-Zip: INVERNESS, FL 344501452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHALL E EARNEST

PD

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date