

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000036708

**FILED**  
**Feb 21, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARSHALL EARNEST

PRES

02/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date