

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000045240

1. Entity Name  
PURE POSTCARDS, INC.



Principal Place of Business  
1227 LINCOLN AVENUE  
CLEARWATER, FL 33756 US

Mailing Address  
1227 LINCOLN AVENUE  
CLEARWATER, FL 33756 US



02242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0427046 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REGISTERED CORPORATE AGENTS, INC.  
612 S. MARTIN LUTHER KING JR. AVE  
CLEARWATER, FL 33756

**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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

000000244257  
02/26/05-80013-013 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME JEANIS, IRMA  
STREET ADDRESS 1952 HORSESHOE BEND RD  
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE V  
NAME JEANIS, DRU  
STREET ADDRESS 1952 HORSESHOE BEND RD  
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

*Dru Jeanis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-05 373-9019  
Date Daytime Phone #