

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90660 045 ***150.00

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1. Entity Name

POSTDIV CORPORATION



Principal Place of Business

Mailing Address

400 MADISON DRIVE
SUITE 250
SARASOTA FL 34236

400 MADISON DRIVE
SUITE 250
SARASOTA FL 34236

94080304

2. Principal Place of Business

3. Mailing Address

4931 CHASE OAKS
Suite, Apt. #, etc.

4931 CHASE OAKS DR.
Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State SARASOTA FL

City & State SARASOTA FL

4. FEI Number 56-2300345

Applied For
Not Applicable

Zip 34241

Country USA

Zip 34241

Country USA

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

LANG, BRADLEY W
400 MADISON DRIVE
SUITE 250
SARASOTA FL 34236

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 D
NAME LANG, BRADLEY W
STREET ADDRESS 400 MADISON DRIVE, SUITE 250
CITY-ST-ZIP SARASOTA FL 34236

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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)(i), 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

Date

Daytime Phone #

4-2804