2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # P02000050685 1. Entity Name PRICE POSTAL ENTERPRISES, INC.								05-03-		15 036 ***15	0.00
Principal Place of Business 2819 SABEF: DRIVE CLEARWATER, FL 33759			Mailing Address 2819 SABER DRIVE CLEARWATER, FL 33759				94079644				
2. Principal Flace of Business 36157 U.S. 19 North			3. Mailing Address 36157 U.S. 19 North								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04302004	Chg-P	CF	R2E034 (10/03)	
Palm l	City & State Palm Harbor, Florida				rida_		4. FEI Number 42-1535912			No	pplied For of Applicable
34684	USA		34684	ÛŜĀ	try 		5. Certificate	of Status De	sired 🔲	\$8.75 Add Fee Require	
	6. Name and Addres	s of Current Regis	stered Agent				7. Name and	Address of	New Registe	ered Agent	
GOLD, AARON J					Name Robin C. Price						
704 WEST	BAY STREET : 33606					ee: Address (P.O. Box Number is Not Acceptate 1550 Ridge Top Drive			eptable) C		
.,					City						
·						arpoi	n Spring			FL Zig Cod	
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.											and accept.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required v									04/30/	/04 DATE	
										MIE .	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.					cing []		OO May Be ed to Fees				
10.	OF	FICERS AND DIRE	CTORS	11.			ADDITIONS	CHANGES	O OFFICERS	AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, DOUGLAS M 2819 SABER DRIVE CLEARWATER, FL		□ Delete			155	glas M. O Ridge pon Spri	Top Dr		⊠ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, ROBIN C 2819 SABER DRIVE CLEARWATER, FL:	33759	☐ Delete			D Rob 155	in C. Pr O Ridge pon Spri	ice Top Dr	ive	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	Delete				~		-	Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete							☐ Change	☐ Addition

12. Thereby 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 C hapter 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

Adding Fucl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/04

(727) 937-6225

Date

Daytime Phone #