

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105872

FILED  
Feb 13, 2004  
Secretary of State

Entity Name: VENICE POSTAL SERVICES INC.

## Current Principal Place of Business:

997 N. TAMIAMI TRAIL  
UNIT B  
SARASOTA, FL 34275

## New Principal Place of Business:

997 N. TAMIAMI TRAIL  
UNIT C  
NOKMOIS, FL 34275 US

## Current Mailing Address:

997 N. TAMIAMI TRAIL  
UNIT B  
SARASOTA, FL 34275

## New Mailing Address:

997 N. TAMIAMI TRAIL  
UNIT C  
NOKOMIS, FL 34275 US

FEI Number: 13-4220732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

UNITED BUSINESS SERVICES, INC.  
6210 N. LOCKWOOD RIDGE ROAD  
SARASOTA, FL 34243 US

## Name and Address of New Registered Agent:

R C UNGER  
411 COMMERCIAL COURT  
STE D  
VENICE, FL 34292 US

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: RICKY UNGER

02/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MADDAMS, L.  
Address: 802 CORAL BEAN COVE  
City-St-Zip: VENICE, FL 34293

Title: VP ( ) Delete  
Name: MADDAMS, S.  
Address: LAKES OF JACARANDA  
City-St-Zip: VENICE, FL 34293

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: MADDAMS, S.  
Address: 802, CORAL BEAN COVE  
City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LEONIE MADDAMS

P

02/13/2004

Electronic Signature of Signing Officer or Director

Date