

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000107430

1. Entity Name
MAIL DEPOT PLUS, INC.



Principal Place of Business

11223 N. WILLIAMS ST.
SUITE E
DUNNELLON, FL 34432 US

Mailing Address

11223 N. WILLIAMS ST.
SUITE E
DUNNELLON, FL 34432 US



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **32-0034667** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ORTIZ, GEORGE
1515 E. SILVER SPRINGS BLVD.
SUITE 128
OCALA, FL 34470

**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, type 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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPVS
NAME	GOSS, TERRY A
STREET ADDRESS	P.O. BOX 2733
CITY ST /IP	DUNNELLON, FL 34430
TITLE	T
NAME	GOSS, TERRY A
STREET ADDRESS	P.O. BOX 2733
CITY ST /IP	DUNNELLON, FL 34430
TITLE	
NAME	
STREET ADDRESS	
CITY ST /IP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST /IP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST /IP	

000000141335
04/29/04-20007-015 158.75

**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)(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: Terry A Goss TERRY A GOSS 4-28-04 352-465-1431