2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM

DOCUMENT # P02000107430 1. Entity Name MAIL DEPOT PLUS, INC.				Secretary of State		
Principal Plac	ce of Business	Mailing Address]		
11223 N. W	ILLIAMS ST. —	11223 N. WILLIAMS ST.		[
SUITE E DUNNELLON	l, FL 34432 <u>u</u> s	SUITE E Dunnellon, Fl 34432 U	IS	Ì		
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}		CF	04282005	No Chg-P	CR2E034 (10/03)	
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}		,			of Status Desired	\$8.75 Additional
	C Name and Eddings of One at Da	7.7	, = = , , = , , = , , = , , = , ,	3. Certificate	or Status Desired	Fee flequired
	6. Name and Address of Current Re	distered Agent			, . , .	,
ORTIZ, GI			חח	NOT W	RITE	
1515 E. SILVER SPRINGS BLVD. SUITE 128						
OCALA, F	L 34470	•		IN	THIS SP	ACE
}						
8. The above	named entity submits this statement for the	e purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	rida. I am familiar with, and accept
the obligati	tions of registered agent.	•				
SIGNATURE.	Signature, typed of printed name of registered agent and	Mallaristicalita #XTT Danista	ad A control character as your freed	د واز د راه - راس		Daret -
ļ	officials (1950 p. blurge return of 195/26/94 Bills at	. MOLE HEGISTER	ed Agent signature required	whell reinstaling)	,	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.	· - *-•	00 May Be ed to Fees	Hono	
10.	ÖFFICERS AND OI	RECTÓRS	1		04/30/0	00349056 5-80059-023 150.00
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NAME STREET ADDRESS	P.O. BOX 2733		§			
CITY-ST-ZIP	DUNNELLON, FL 34430]			
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NAME STREET ADDRESS	GOSS, TERRY A P.O. BOX 2733		1			
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NAME						

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: 1800

320C SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-465-143) Daytime Phone #