

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/6/

**FILED**  
**Jul 23, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90119 030 \*\*\*150.00

66430472



07022004 Chg-P CR2E034 (10/03)

4. FEL Number **77-0597813** Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

LAMBERT, ROBERT A  
625 5TH KEY DR  
FT LAUDERDALE, FL 33304

## 7. Name and Address of New Registered Agent

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 \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LAMBERT, ROBERT F	
STREET ADDRESS	625 5TH KEY DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 1, 2004*

Date

Daytime Phone #



*Attachment* 66430472  
**Personal Postage Corporation**

P.O. Box 13130,  
Port Everglades, Florida 33316  
Tel: 954.713.0707 Fax: 954.463.2528  
Toll Free: 1.866.635.POST

**Division of Corporations**  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

RE: Personal Postage Corporation  
P03000053214

July 1, 2004

Dear Sir:

We are in receipt of your 'NOTICE OF INTENT TO DISSOVE' which was received, this date, by the undersigned. We hereby notify you that, prior to this date, we have received NO notification(s) from the Division of Corporations with respect to Annual Reports. Accordingly, enclosed herewith please find our executed '2004 **FOR PROFIT CORPORATION ANNUAL REPORT**' form together with our Check No. 1167, in the amount of USD \$150.00, representing full payment for the 2004 Annual Report.

Thanking you in advance,

Sincerely,  
PERSONAL POSTAGE CORPORATION

By 

Robert F. Lambert  
Director

RFL: mw  
Enclosure(s)

[www.personalpostage.com](http://www.personalpostage.com)  
E-mail: [info@personalpostage.com](mailto:info@personalpostage.com)