

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065671

FILED  
Jul 29, 2005  
Secretary of State

Entity Name: OVERNIGHT PRODUCT FULFILLMENT INC

## Current Principal Place of Business:

201 FRONT ST, STE 207  
KEY WEST, FL 33040

## New Principal Place of Business:

3201 FLAGLER AVENUE  
SUITE 506  
KEY WEST, FL 33040

## Current Mailing Address:

201 FRONT ST, STE 207  
KEY WEST, FL 33040

## New Mailing Address:

3201 FLAGLER AVENUE  
SUITE 506  
KEY WEST, FL 33040

FEI Number: 02-0596571

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RITSON, BRUCE  
CO RITSON & CO., PA  
513 WHITEHEAD ST  
KEY WEST, FL 33040 US

## Name and Address of New Registered Agent:

MEYERS, MARY BETH CPA  
3201 FLAGLER AVENUE  
SUITE 506  
KEY WEST, FL 33040 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: MARY BETH MEYERS CPA

07/29/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: LIND, MARY  
Address: 34132 FULSHEAR FARMS  
City-St-Zip: FULSHEAR, TX 77441

Title: DS ( ) Delete  
Name: BUBANAKIS, DAPHNE  
Address: 4618 BENTLEY DR  
City-St-Zip: WILIMINGTON, NC 284096956

Title: DVP ( ) Delete  
Name: BRAUN, VALERIE  
Address: P O BOX 412  
City-St-Zip: CLEAR LAKE, WA 98235

Title: DT (X) Delete  
Name: RITSON, BRUCE  
Address: 513 WHITEHEAD STREET  
City-St-Zip: KEY WEST, FL 33040

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MARY LIND

DP

07/29/2005

Electronic Signature of Signing Officer or Director

Date