

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101227

FILED  
Apr 15, 2005  
Secretary of State

Entity Name: SHARON METCALFE MAILING SERVICES, INC.

**Current Principal Place of Business:**

3560 GOLDEN GATE BOULEVARD WEST  
NAPLES, FL

**New Principal Place of Business:**

**Current Mailing Address:**

3560 GOLDEN GATE BOULEVARD WEST  
NAPLES, FL

**New Mailing Address:**

FEI Number: 20-0243565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

METCALF, SHARON  
3560 GOLDEN GATE BOULEVARD WEST  
NAPLES, FL US

**Name and Address of New Registered Agent:**

METCALFE, SHARON  
3560 GOLDEN GATE BOULEVARD WEST  
NAPLES, FL 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: SHARON METCALFE

04/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: METCALFE, SHARON  
Address: 3560 GOLDEN GATE BOULEVARD WEST  
City-St-Zip: NAPLES, FL

Title: VT ( ) Delete  
Name: METCALFE, SHARON  
Address: 3560 GOLDEN GATE BOULEVARD WEST  
City-St-Zip: NAPLES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: SHARON METCALFE

PS

04/15/2005

Electronic Signature of Signing Officer or Director

Date