


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90043 008 ***150.00

DOCUMENT # P04000002794

1. Entity Name
CAPITAL CITY STAMPS, INC.



Principal Place of Business Mailing Address
2023 WOODBINE DRIVE **2023 WOODBINE DRIVE**
TALLAHASSEE, FL 32309 US **TALLAHASSEE, FL 32309 US**

2. Principal Place of Business 3. Mailing Address
2223 Woodbine Dr. *2223 Woodbine Dr.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tall *Tall*

Zip Country Zip Country
32309 *Leon* *32309* *Leon*

03202005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
20-0435384 Not Applicable

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

6. Name and Address of Current Registered Agent

DORSCH, PATRICK L
2023 WOODBINE DRIVE
TALLAHASSEE, FL 32309
2223

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DORSCH, AMY B <i>2223</i>	
STREET ADDRESS	2023 WOODBINE DRIVE	
CITY - ST - ZIP	TALLAHASSEE, FL 32309	
TITLE	V	<input type="checkbox"/> Delete
NAME	DORSCH, PATRICK L <i>2223</i>	
STREET ADDRESS	2023 WOODBINE DRIVE	
CITY - ST - ZIP	TALLAHASSEE, FL 32309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: *Amy Dorsch*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-05 *850/422-1776*
 Date Daytime Phone #