

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090689

Entity Name: MY RV MAIL, INC.

FILED
Jul 25, 2006
Secretary of State

Current Principal Place of Business:

5735 HWY 85 NORTH
CRESTVIEW, FL 32536 US

New Principal Place of Business:

602 S. MAIN STREET
CRESTVIEW, FL 32536 US

Current Mailing Address:

PO BOX 909
CRESTVIEW, FL 32536 US

New Mailing Address:

602 S. MAIN ST.
CRESTVIEW, FL 32536 US

FEI Number: 72-1354578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, VERNON L
5735 HWY 85 NORTH
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

SIMMONS, VERNON L
602 S. MAIN ST.
CRESTVIEW, FL 32536 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: VERNON L SIMMONS

07/25/2006

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: P () Delete
Name: SIMMONS, KIRK L
Address: 5735 HWY 85 NORTH
City-St-Zip: CRESTVIEW, FL 32536 US

Title: VP () Delete
Name: SIMMONS, DRESDEN J
Address: 5735 HWY 85 NORTH
City-St-Zip: CRESTVIEW, FL 32536

Title: SEC (X) Delete
Name: SIMMONS, DRESDEN J
Address: 5735 HWY 85 NORTH
City-St-Zip: CRESTVIEW, FL 32536

Title: TREA (X) Delete
Name: SIMMONS, DRESDEN J
Address: 5735 HWY 85 NORTH
City-St-Zip: CRESTVIEW, FL 32536 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: SIMMONS, VERNON L
Address: 602 S. MAIN ST.
City-St-Zip: CRESTVIEW, FL 32536

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 Chapter 119, 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: VERNON L SIMMONS

CEO

07/25/2006

Electronic Signature of Signing Officer or Director

Date