


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90189 011 \*\*\*150.00

<b>DOCUMENT # P04000117494</b>					
1. Entity Name <b>BULK RATE MAILING, INCORPORATED</b>					
Principal Place of Business <b>5010 TAMPA WEST BLVD TAMPA, FL 33634</b>			Mailing Address <b>5010 TAMPA WEST BLVD TAMPA, FL 33634</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>56-2466182</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MACPHERSON, DOUGLAS D 5010 TAMPA WEST BLVD TAMPA, FL 33634</b>				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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	Delete		TITLE	Change Addition
NAME	MACPHERSON, DOUGLAS D			NAME	
STREET ADDRESS	5010 TAMPA WEST BLVD			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634			CITY-ST-ZIP	
TITLE	D	Delete		TITLE	Change Addition
NAME	MACPHERSON, LYNDA L			NAME	
STREET ADDRESS	5010 TAMPA WEST BLVD			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634			CITY-ST-ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete		TITLE	Change Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <i>Lynda L. MacPherson</i>			Date: <i>4/29/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Lynda L. MacPherson, Director</i>					

50048590



04292005 Chg-P CR2E034 (10/03)

\$8.75 Additional  
Fee Required