2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90181 032 ***150.00

DOCUMENT # P04000117494

1. Entity Name
BULK RATE MAILING, INCORPORATED

04252006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
~~5010 TAMPA WEST BLVD~~ ~~TAMPA, FL~~ 33634 27724 Sonn Blvd Wesly Chpl	5010 TAMPA WEST BLVD TAMPA, FL 33634
2. Principal Place of Business: 27724 Sonn Blvd Suite, Apt. #, etc.	3. Mailing Address: 27724 Sonn Blvd Suite, Apt. #, etc.
City & State: Wesly Chpl	City & State: Wesly Chapel F
Zip: 33544 Country: Pasco	Zip: 33544 Country: Pasco

4. FEI Number: 56-2466182 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACPHERSON, DOUGLAS D
~~5010 TAMPA WEST BLVD~~
~~TAMPA, FL 33634~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 27724 Sonn Blvd

City Wesly Chapel FL Zip Code 33544

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACPHERSON, DOUGLAS D 5010 TAMPA WEST BLVD TAMPA, FL 33634 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 27724 Sonn Blvd Wesley Chpl Fl 33544
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACPHERSON, LYNDA L 5010 TAMPA WEST BLVD TAMPA, FL 33634 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 27724 Sonn Blvd Wsly Chpl Fl 33544
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ______________ 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #