

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 06, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # P05000038427**

1. Entity Name  
**DIRECT MAIL SOLUTIONS, INC.**



Principal Place of Business  
**18 SE 6TH STREET  
STUART, FL 34994**

Mailing Address  
**18 SE 6TH STREET  
STUART, FL 34994**



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2521231</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**JOHNSON, JULIANNE J  
18 SE 6TH STREET  
STUART, FL 34994**

**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
JOHNSON, JULIANNE J  
18 SE 6TH STREET  
STUART, FL 34994**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
JOHNSON, JULIANNE J  
18 SE 6TH STREET  
STUART, FL 34994**

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000849301  
03/21/08-80016-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Julianne Johnson Pres 3/3/08 772-286-8803  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #