2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2006 8:00 am Secretary of State 01-30-2006 90037 045 ***150.00

1/3

DOCUMENT #P05000089060 1. Entity Name TL MAIL INC								01-30-20	00 9003	7 043 ***	130.00	
Principal Place of Business 1757 BROOKE BEACH DR NAVARRE, FL 32566				Malling Address 1757 BROOKE BEACH DR NAVARRE, FL 32566				66002176				
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			1	Suite, Apt. #, etc.			01252006	i Chg-P	CR2E0	34 (11/05)		
City & State			-	City & State			4. FEI Num 20-	3014404	<u> </u>		plied For Applicable	
Zip	Country		2	Zip Co.		try	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
LYON, KATHRYN A 1757 BROOKE BEACH NAVARRE, FL 32566					Street Address (P.O. Box Number is Not Acceptable)							
THE PROPERTY OF THE PROPERTY O					City				Zip Cod			
8. The above	named entit	v submits this statem	ent for the o	surpose of changing its	register	<u> </u>	istered agent or t	oth, in the State of F	FL orida Lam (
 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												
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.	10	OFFICERS	AND DIREC		11.		ADDITION	SICHANGES TO OF	FICERS AND			
TITLE NUME SIFEET ADDRESS CITY-SI-ZIP	1757 BR	ATHRYN A DOKE BEACH DR E, FL 32566				_				☐ Change .	☐ Assition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP		HOMAS S DOKE BEACH DR E. FL 32566		☐ Delete				-	-	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP			<u>,</u>	☐ Delete		- 1				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-2:P				☐ Delete		1.				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Deletæ		1	,			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Deleta						Change	☐ Addition	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if 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 trustge 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, soft all other like empowered.												
SIGNATURE: SIGNATURE: SIGNATURE OF PRINTEGRAMES OF PRINTEGRAME												



ATTACHMENT

66002176

FLORIDA DEPARTMENT OF STATE

Division of Corporations

February 2, 2006

TL MAIL INC 1757 BROOKE BEACH DR NAVARRE, FL 32566

Subject: TL MAIL INC

Reference Number:

P05000089060

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION