

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2007 08:00 AM
Secretary of State**

DOCUMENT # P05000092251

1. Entity Name

ASAP MAILBOX COMPANY INC.



Principal Place of Business

1981 J & C BLVD
NAPLES, FL 34109

Mailing Address

1981 J & C BLVD
NAPLES, FL 34109



01092007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3067547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLIVERI, LEONARD J
3384 SANDPIPER WAY
NAPLES, FL 34109

**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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME OLIVERI, LEONARD J
STREET ADDRESS 3384 SANDPIPER WAY
CITY-ST-ZIP NAPLES, FL 34109

TITLE VP
NAME OLIVERI, LOREDANA M
STREET ADDRESS 3384 SANDPIPER WAY
CITY-ST-ZIP NAPLES, FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000600395
01/26/07-80007-022 150.00

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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:

LOREDANA M. OLIVERI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/07 239 597 0390

Date

Daytime Phone #