

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000041539

Entity Name: J & F POSTAL STORES, INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

1101 N US 1
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

1101 N US 1
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 01-0870428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, JOSEPH R
1101 N US 1
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

WILSON, JOSEPH R
3104 BENT PINE DRIVE
FORT PIERCE, FL 34951 US

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.

SIGNATURE:

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILSON, JOSEPH R
Address: 1101 N US 1
City-St-Zip: FORT PIERCE, FL 34950

Title: DV () Delete
Name: WILSON, FREDERICK J
Address: 1101 N US 1
City-St-Zip: FORT PIERCE, FL 34950

Title: DS () Delete
Name: WILSON, JOSEPH
Address: 1101 N US 1
City-St-Zip: FORT PIERCE, FL 34950

Title: DT () Delete
Name: WILSON, DIANA
Address: 1101 N US 1
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WILSON, JOSEPH R
Address: 3104 BENT PINE DRIVE
City-St-Zip: FORT PIERCE, FL 34951

Title: DV (X) Change () Addition
Name: WILSON, FREDERICK J
Address: 9438 POINCIANA COURT
City-St-Zip: FORT PIERCE, FL 34951

Title: DS (X) Change () Addition
Name: WILSON, JOSEPH
Address: 3104 BENT PINE DRIVE
City-St-Zip: FORT PIERCE, FL 34951

Title: DT (X) Change () Addition
Name: WILSON, DIANA
Address: 3104 BENT PINE DRIVE
City-St-Zip: FORT PIERCE, FL 34951

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH R WILSON

DP

04/13/2009

Electronic Signature of Signing Officer or Director

Date