## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P94000921387**

1. Entity Name

G AND I MAIL SERVICE INCORPORATED



Principal Place of Business

4811-11TH AVE CIRCLE E BRADENTON, FL 34208 U Mailing Address

4811-11TH AVE CIRCLE E Bradenton, FL 34208

8 The shove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

FILED
Jul 30, 2008 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

03172008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0478158

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DENT, IMMANUEL 4811-11TH AVE CIRCLE EAST BRADENTON, FL 34208

NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE

the obligations of registered agent.	a pose of one grig its registered office of registered agent, or p	out, in the State of Horda. I am familiar with, and accept
Signature, typed or printed name of registered agent and title	f applicable. (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 DIREC	TORS	

NAME DENT, IMMANUEL STREET ADDRESS 4811-11TH AVE CIRCLE E CITY-ST-ZIP BEADENTON, FL TITLE NAME DENT, GERALDINE STREET ADDRESS 4811 11TH AVE CIRCLE E CITY-ST-ZIP BRADENTON, FL. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DITY-ST-7IP TITLE

000000956683 07730708-80002-020 550.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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: <u>Aualdine Dent-Ceraldine Dent</u>

June 232008 (941)7470650