

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000021387

FILED
Apr 20, 2009
Secretary of State

Entity Name: G AND I MAIL SERVICE INCORPORATED

Current Principal Place of Business:

4811-11TH AVE CIRCLE E
BRADENTON, FL 34208 US

New Principal Place of Business:

4811 11TH AVE CIRCLE E
BRADENTON, FL 34208 US

Current Mailing Address:

4811-11TH AVE CIRCLE E
BRADENTON, FL 34208 US

New Mailing Address:

4811 11TH AVE CIRCLE E
BRADENTON, FL 34208 US

FEI Number: 65-0478158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: DENT, IMMANUEL
Address: 4811-11TH AVE CIRCLE E
City-St-Zip: BEADENTON, FL

Title: VPS () Delete
Name: DENT, GERALDINE
Address: 4811 11TH AVE CIRCLE E
City-St-Zip: BRADENTON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: DENT, IMMANUEL
Address: 4811 11TH AVE CIRCLE E
City-St-Zip: BEADENTON, FL 34208 US

Title: VPS (X) Change () Addition
Name: DENT, GERALDINE
Address: 4811 11TH AVE CIRCLE E
City-St-Zip: BRADENTON, FL 34208 US

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: IMMANUEL DENT

PT

04/20/2009

Electronic Signature of Signing Officer or Director

Date