

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000045984

1. Entity Name
SHIP-N-MAIL, INC.



Principal Place of Business
1927 S. 14TH ST
FERNANDINA BEACH, FL 32034 US

Mailing Address
1927 S 14TH ST
FERNANDINA BEACH, FL 32034 US



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3246304

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EDWARDS, JULIE S
114 N 3RD ST
FERNADINA BCH, FL 32034

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

100000391479
01/24/06-80045-001 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EDWARDS, JULIE S
STREET ADDRESS 114 N 3RD STREET
CITY - ST - ZIP FERNANDINA BEACH, FL 32034

TITLE VD
NAME EDWARDS, CHARLES KEITH
STREET ADDRESS 114 N 3RD STREET
CITY - ST - ZIP FERNANDINA BEACH, FL 32034

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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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:

Julie S. Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-06 904-277-5625
Date Daytime Phone #