

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000056545

Entity Name: JOHN J. POSTAL, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

1100 ST. LUCIE WEST BLVD
SUITE 200
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 880852
PORT ST. LUCIE, FL 349880852 US

New Mailing Address:

PO BOX 882163
PORT ST. LUCIE, FL 349882163 US

FEI Number: 65-0525413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSTAL, KEVIN
1100 ST. LUCIE WEST BLVD
SUITE 200
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POSTAL, JUNE P
Address: 590 NW PEACOCK BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D () Delete
Name: POSTAL, KEVIN
Address: 590 NW PEACOCK BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D () Delete
Name: POSTAL, PATRICK M
Address: 590 NW PEACOCK BLVD
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: POSTAL, KEVIN
Address: 590 NW PEACOCK BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D (X) Change () Addition
Name: POSTAL, PATRICK M
Address: 590 NW PEACOCK BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D (X) Change () Addition
Name: POSTAL, JOHN J JR.
Address: 590 NW PEACOCK BLVD
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D () Change (X) Addition
Name: POSTAL, JUNE P
Address: 590 NW PEACOCK BLVD
City-St-Zip: PORT ST. LUCIE, FL 34986

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: KEVIN POSTAL

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date