

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000039311

1. Entity Name
MAIL & PARCELS PLUS, INC.



Principal Place of Business

1052 MONTGOMERY ROAD
STE 403
ALTAMONTE SPRINGS, FL 32714 US

Mailing Address

1052 MONTGOMERY ROAD
STE 403
ALTAMONTE SPRINGS, FL 32714 US



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3319564

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OLCSVAY, LEE
1052 MONTGOMERY ROAD
ALTAMONTE SPRINGS, FL 32714

**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, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000154796
05/05/04-80011-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OLCSVAY, LEE J
STREET ADDRESS	1052 MONTGOMERY RD
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	V
NAME	OLCSVAY, ALLISON M
STREET ADDRESS	1052 MONTGOMERY RD
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL
TITLE	S
NAME	OLCSVAY, LEE J
STREET ADDRESS	1052 MONTGOMERY RD
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	T
NAME	OLCSVAY, ALLISON M
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CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lee Olcsvay* **Lee Olcsvay** **April 30, 2004** **407-869-8086**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #