


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000074099**

1. Entity Name  
**MAIL CENTER/ACCU-PAK, INC.**



Principal Place of Business      Mailing Address

**4450-Q ENTERPRISE CT  
 MELBOURNE, FL 32934 US**      **4450-Q ENTERPRISE CT  
 MELBOURNE, FL 32934 US**

**DO NOT WRITE IN THIS SPACE**



02132005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**59-3345982**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MOTTLE, THOMAS G  
 2753 MAJESTIC AVE  
 MELBOURNE, FL 32934**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

U00000239125  
 02/22/05-80027-017 150.00

10. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | P                   |
| NAME           | MOTTLE, THOMAS G    |
| STREET ADDRESS | 2753 MAJESTIC AVE.  |
| CITY-ST-ZIP    | MELBOURNE, FL 32934 |
| TITLE          | V                   |
| NAME           | MOTTLE, LESLIE T    |
| STREET ADDRESS | 2753 MAJESTIC AVE.  |
| CITY-ST-ZIP    | MELBOURNE, FL 32934 |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Thomas G Mottle*      2/17/2005      (321) 259-7967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR      Date      Daytime Phone #