

P96 000068484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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T. Roberts NOV 08 2006

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CAPITOL COLOR MAIL, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P96000068484

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES PALMER

(Name of Person)

CAPITOL COLOR MAIL, INC.

(Name of Firm/Company)

9240 BONITA BEACH ROAD

(Address)

BONITA SPRINGS, FL 34135

(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES PALMER

(Name of Person)

at ( 239 ) 273-2994

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

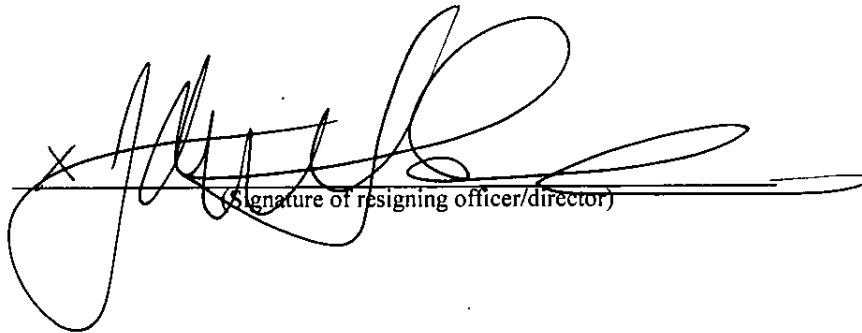
NOV -7 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, JEFFREY G. LOVELACE, hereby resign as DVS  
(Title)

of CAPITOL COLOR MAIL, INC.  
(Name of Corporation)

P96000068484, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314