

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90132 047 ***158.75

DOCUMENT # P97000022287

1. Entity Name
CONIMARK MAIL CENTER, INC.



Principal Place of Business
**1715 E. FOWLER AVENUE
TAMPA, FL 33612**

Mailing Address
**1715 E. FOWLER AVENUE
TAMPA, FL 33612**

14015954



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3433456

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIEBERS, MELISSA
1715 E. FOWLER AVENUE
TAMPA, FL 33612**

Name **Robert Keller**

Street Address (P.O. Box Number is Not Acceptable)

8002 Bullara Dr

City **Temple Terrace**

FL

Zip Code

33637

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

Robert Keller

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-26-05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **KELLER, MELISSA**
STREET ADDRESS **8002 BULLARA DR.**
CITY-ST-ZIP **TEMPLE TERRACE, FL 33637**

☒ Delete

TITLE **P**
NAME **Robert Keller - President**
STREET ADDRESS **8002 Bullara Dr**
CITY-ST-ZIP **Temple Terrace FL 33637**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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:

Robert Keller **Robert T Keller**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05

Date

(813) 971-1421

Daytime Phone #