
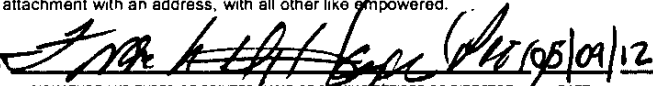


2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000046566			
1. Entity Name SKEETER'S POSTAL EXPRESS, INC.			
Principal Place of Business 2875 W. MICHIGAN AVE. PENSACOLA, FL 32526		Mailing Address 2875 W. MICHIGAN AVE. PENSACOLA, FL 32526	
2. Principal Place of Business - No P.O. Box # 2875 W. MICHIGAN AVE		3. Mailing Address 2875 W. MICHIGAN AVE	
Suite, Apt. #, etc. NA		Suite, Apt. #, etc. NA	
City & State Pensacola, FL		City & State Pensacola, FL	
Zip 32526		Country USA	
Country USA		Country USA	
6. Name and Address of Current Registered Agent HAYES, FRANK D 2875 W. MICHIGAN AVE. PENSACOLA, FL 32526		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAYES, FRANK D 2875 W. MICHIGAN AVE. PENSACOLA, FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900235150019 05/15/12--01017--020 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 		DATE 05/09/12	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		E-MAIL ADDRESS	

FILED

2012 MAY 15 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05032012 Chg-P CR2E034 (12/11)

4. FEI Number
59-3450004

Applied For
Not Applicable

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

HAYES, FRANK D
2875 W. MICHIGAN AVE.
PENSACOLA, FL 32526

Name
SAME

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

City
FL Zip Code

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DATE

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Due by September 28, 2012**

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

10. OFFICERS AND DIRECTORS

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CITY - ST - ZIP

P
HAYES, FRANK D
2875 W. MICHIGAN AVE.
PENSACOLA, FL 32526 ☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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900235150019
05/15/12--01017--020 **150.00

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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS