

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000020328**

1. Entity Name  
MAILHAUS, INC.



Principal Place of Business  
2755 B POWER MILL COURT  
TALLAHASSEE, FL 32301

Mailing Address  
2755 B POWER MILL COURT  
TALLAHASSEE, FL 32301



02262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3505220

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

NAGLE, DIANNE P  
2843 INDUSTRIAL PLAZA  
TALLAHASSEE, FL 32301

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC NAGLE, DIANNE P 2843 INDUSTRIAL PLAZA TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST PICKRON, BILL 2843 INDUSTRIAL PLAZA TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000856389  
03/29/08-80010-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** **DIANNE P. NAGLE** 3/10/08 (850) 671-6600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #