

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90024 027 ***150.00

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1. Entity Name

S & N MAIL SERVICE, INC.

Principal Place of Business

508 RICKER AVE 4307 SHAMROCK CT
SANTA ROSA BEACH FL 32459
SEBASTIAN, FL 32958

Mailing Address

508 RICKER AVE 4307 SHAMROCK CT
SANTA ROSA BEACH FL 32459
SEBASTIAN, FL 32958



2. Principal Place of Business

4307 SHAMROCK CT

Suite, Apt. #, etc.

3. Mailing Address

4307 SHAMROCK CT

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

SEBASTIAN FL

City & State

SEBASTIAN FL

4. FEI Number

59-3503053

Applied For

Not Applicable

Zip

32958

Country

INDIAN RIVER

Zip

32958

Country

INDIAN RIVER

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLMSTEAD, STEWART L



Mr. Stewart Olmstead

4307 Shamrock Ct

Sebastian, FL 32958

7. Name and Address of New Registered Agent

Name

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

Stewart L. Olmstead

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME OLMSTEAD, STEWART L
STREET ADDRESS 508 RICKER AVE. 4307 SHAMROCK CT
CITY-ST-ZIP SANTA ROSA BEACH FL 32459 SEBASTIAN FL 32958

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

Stewart L. Olmstead

STEWART L. OLMSTEAD 3/23/05

772-589-4064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #