


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90023 031 ***158.75

DOCUMENT # P98000064678 1. Entity Name THE MAIL HOUSE, INC.			
Principal Place of Business 201 4TH ST SW WINTER HAVEN, FL 33880		Mailing Address 201 4TH ST SW WINTER HAVEN, FL 33880	
2. Principal Place of Business - No P.O. Box # 109 N. 3rd St		3. Mailing Address 109 N. 3rd St	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Eagle Lake, FL		City & State Eagle Lake FL	
Zip 33839		Zip 33839	
Country Polk		Country Polk	
6. Name and Address of Current Registered Agent GEBHARDT, LANA 2528 14TH STREET, S.E. WINTER HAVEN, FL 33884		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 LANA Gebhardt <i>Lana D. Gebhardt</i> 2/20/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 PRES	NAME GEBHARDT, LANA	<input type="checkbox"/> Delete	
STREET ADDRESS 2528 14TH STREET, S.E.	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP WINTER HAVEN, FL 33884			
TITLE VPTD	NAME GEBHARDT, PETER G	<input type="checkbox"/> Delete	
STREET ADDRESS 2528 14TH STREET, S.E.	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP WINTER HAVEN, FL 33884			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
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 <i>Lana D. Gebhardt</i>		2/20/07 863-293-7122	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

40025200



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4. FEI Number **59-3526715** Applied For ☐ Not Applicable ☐

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