

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S34216</b> 1. Entity Name MAIL SOLUTIONS, INC.	
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Principal Place of Business 1770 CALUMET ST. CLEARWATER, FL 33765-1136	Mailing Address 1770 CALUMET ST. CLEARWATER, FL 33765-1136
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**DO NOT WRITE IN THIS SPACE**



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3051848	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  DOEPKER, DONALD 1770 CALUMET STREET CLEARWATER, FL 33765	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS DOEPKER, DONALD 1741 EAGLES NEST DR. BELLEAIR, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT STEELE, DAVID 4472 CLEARWATER HARBOR DR LARGO, FL 33770
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	

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03/31/05-80025-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> <u>DAVID STEELE</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3/20/05</u> <small>Date</small>	<u>727-447-4191</u> <small>Daytime Phone #</small>
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