

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90036 034 \*\*\*158.75

**DOCUMENT # V26502**

1. Entity Name  
**NATIONAL MAILING CENTERS OF AMERICA, INC.**



Principal Place of Business

**5311 LAKE WORTH RD  
LAKE WORTH, FL 33463 US**

Mailing Address

**7705 DAVIE ROAD EXTENSION  
HOLLYWOOD, FL 33024 US**

30004046



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0322305**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SEWELL, THOMAS  
7705 DAVIE ROAD EXTENSION  
HOLLYWOOD, FL 33024**

Name

**Robert Preston**

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

**5311 Lake Worth Road**

City

**Lake Worth**

FL

Zip Code

**33463**

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.

**Robert Preston, President**

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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

**P  
PRESTON, ROBERT  
5230 N. 35TH STREET  
HOLLYWOOD, FL 33021**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

**Robert Preston, President**

**1/18/05 (501) 904-0041**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #