

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000285

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: AMERICAN POSTAL OWNERS, INC.

**Current Principal Place of Business:**

20 BROOKMEADE DR  
RHINEBECK, NY 12572

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 840  
RHINEBECK, NY 125720840

**New Mailing Address:**

20 BROOKMEADE DR  
RHINEBECK, NY 12572

FEI Number: 65-0464093

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BRIAN LYNN, CPA  
2 SOUTH BROWARD BLVD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: BAKALAR, MARVIN  
Address: 20 BROOKMEADE DR  
City-St-Zip: RHINEBECK, NY 12572

Title: PD ( ) Delete  
Name: BAKALAR, BIANCA C  
Address: 20 BROOKMEADE DR  
City-St-Zip: RHINEBECK, NY 12572

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN BAKALAR

MR

03/20/2009

Electronic Signature of Signing Officer or Director

Date