2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000068353



FILED Mar 17, 2006 8:00 am Secretary of State 03-17-2006 90142 002 ***150.00

1. Entity Name RAKKASAN DELIVERIES, INC											
SECOND LAKESIDE VILLAGE 1130 N LAKE PARKER AVE 121-C			Mailing Address SECOND LAKESIDE VILLAGE 1130 N LAKE PARKER AVE 121-C LAKELAND, FL 33805 US		1 1 1 1 1 1 1		···· · · · · · · · · · · · · · · ·	00347			
2. Principal Place of Business 3.			3. Mailing Address	. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		_	03152006	Chg-P	CR2E03	34 (11/05)	•	
City & State			City & State			4. FEI Numb			-	pplied For ot Applicable	
Zip	Country		Zip	Country	_	5. Certificate	of Status Desired		8.75 Add		
	6. Name	and Address of Current R	egistered Agent				7. Name and Address of New Registered Agent				
DALEY, THOMAS P JR					Name						
1130 N. LAKÉ PARKER AVE C-121					Street Address (P.O. Box Number is Not Acceptable)						
LAKELANI	D, FL 3380)5		•							
				City			.,,	FL	Zip Code	e ,	
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. (NOTE: Registered Agent signature required when reinstating) DATE:											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution						.00 May Be ed to Fees	; ;				
10.	·	OFFICERS AND D	IRECTORS	11.		ADDITIONS	CHANGES TO OF				
TITLE NAME	P DALEY TH	HOMAS P JR	☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS	,	AKE PARKER AVE, C-12	21	STREET ADDRESS	;						
CITY-ST-ZIP	LAKELANI	D, FL 33805		CITY-ST-ZIP	_						
TITLE	VP	IOLIA D. ID	☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS	1 '	HOMAS P JR NKE PARKER AVE, C-12)	NAME STREET ADDRESS							
CITY-ST-ZIP	ŀ	D, FL 33805	• '	CITY-ST-ZIP	` .						
TITLE	SEC		☐ Delete .	TITLE	-				☐ Change	Addition	
NAME -	į.	HOMAS PUR		NAME					-		
STREET ADDRESS CITY-ST-ZIP	1	NKE PARKER AVE, C-12 D, FL 33805	21	STREET ADDRESS CITY-ST-ZIP	>						
TITLE	TREA		☐ Delete	TITLE	-			-	☐ Change	Addition	
NAME	1	HOMAS P JR		NAME							
STREET ADDRESS CITY-ST-ZIP		NKE PARKER AVE, C-12 D, FL 33805	21	STREET ADDRESS CITY-ST-ZIP	·					•	
TITLE	Date Date	5,1 E 00000	☐ Delete	TITLE	+				☐ Change	Addition	
NAME				NAME			·				
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TITLE	 	·	Delete	TITLE			1(1)	1 41	Channe ~	Addition	
NAME	,			NAME							
STREET ADDRESS	•			STREET ADDRESS	3						
CITY-ST-ZIP	Certify that the	information supplied with the	CITY-ST-ZIP	contained	in Chapter 110	Florida Statutes	I further certif	iv that the i-	oformation		
indicated	Log this sange	ar a consideration and a second and a	g Good Hot quality IUI	LIG CASHIPRORIS	Domain Iou	Gridpioi I IS	,	. I seek . dte e	, and the H	or dispeter	

indicated on this report or supplemental report is true and accurate and that my Sphature 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: