2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000068353

1. Entity Name

RAKKASAN DELIVERIES, INC



FILED
May 03, 2007 08:00 AM
Secretary of State

Principal Place of Business

SECOND LAKESIDE VILLAGE 1130 N LAKE PARKER AVE 121-C LAKELAND, FL 33805 US Mailing Address

SECOND LAKESIDE VILLAGE 1130 N LAKE PARKER AVE 121-C LAKELAND, FL 33805 US



DO NOT WRITE IN THIS SPACE

04182007 No Chg-P		CR2E034 (11/05)		
4. FEI Number			Applied For	
75-3153	3299		Not Applicable	
5. Certificate of Status Desired			\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DALEY, THOMAS P JR 1130 N. LAKE PARKER AVE C-121 LAKELAND, FL 33805

CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

LAKELAND, FL 33805			IN THIS SPACE			
	named entity submits this statement for the pulions of registered agent.	urpose of changing its registered	office or r	egistered agent, or both	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registored agent and title if	applicable (NOTE Registered Ag	gent s-gnatur	a required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
NAME STREET ADDRESS CITY-ST-ZIP	P DALEY, THOMAS P JR 1130 N. LAKE PARKER AVE, C-121 LAKELAND, FL 33805					
NAME STREET ADDRESS CITY-ST-ZIP	VP DALEY, THOMAS P JR 1130 N. LAKE PARKER AVE, C-121 LAKELAND, FL 33805				U00000758868 05/24/07-80019-021 150.00	
THEE NAME STREET ADDRESS CITY-ST-ZIP	DALEY, THOMAS P JR 1130 N. LAKE PARKER AVE, C-121			DO NOT WRITE		
NAME STREET ADDRESS CITY+SF-ZIP	TREA DALEY, THOMAS P JR 1130 N. LAKE PARKER AVE, C-121 LAKELAND, FL 33805		IN THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

12. I hereby certify that the information supplied with this filling 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 papter 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR MIRECUSTRICE.

4 4/18/09 + 863-686-9382