

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000022765

1. Entity Name

TEXAS INDEPENDENT DELIVERY SERVICES, INC.



Principal Place of Business

11540 HIGHWAY 92 EAST
SEFFNER, FL 33584

Mailing Address

11540 HIGHWAY 92 EAST
SEFFNER, FL 33584



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3631055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCINTOSH, ANDREW L
C/O PIPER MARBURY RUDNICK & WOLFE LLP
101 EAST KENNEDY BLVD., SUITE 2000
TAMPA, FL 33602

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IN THIS SPACE**

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 Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SEAMAN, MORTON
STREET ADDRESS 500 NORTH BROADWAY SUITE 238
CITY-ST-ZIP JERICHO, NY 11753

TITLE V
NAME TIPPING, CHARLIE
STREET ADDRESS 11540 US HWY 92 EAST
CITY-ST-ZIP SEFFNER, FL 33584

TITLE DPST
NAME SULLS, STUART
STREET ADDRESS 11540 US HWY 92 EAST
CITY-ST-ZIP SEFFNER, FL 33584

TITLE V
NAME COHEN, MATT
STREET ADDRESS 11540 US HWY 92 EAST
CITY-ST-ZIP SEFFNER, FL 33584

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000431947
02/23/06-80050-002 150.00

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12. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STUART SULLS

Date

Daytime Phone #