

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90021 046 ***150.00

DOCUMENT # 437497

1. Entity Name

P. G. A. DELIVERY SERVICE, INC.



Principal Place of Business

16505 NW 49 AVE
MIAMI FL 33014

Mailing Address

16505 NW 49 AVE
MIAMI FL 33014

2. Principal Place of Business

6800 NW 72 ST

Suite, Apt. #, etc.

3. Mailing Address

1710 PALO ALTO AVE

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

LADY LAKE FL

Zip

33166

Country

U.S.A

Zip

32159

Country

U.S.A

4. FEI Number

59-1514090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TZIGANUK, GEORGE
1710 PALO ALTO AVE
LADY LAKE FL 32159-9196

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME TZIGANUK, GEORGE
STREET ADDRESS 1710 PALO ALTO AVE
CITY-ST-ZIP LADY LAKE FL 32159-9196

TITLE VPT ☐ Delete
NAME TZIGANUK, ALINE
STREET ADDRESS 1710 PALO ALTO AVE
CITY-ST-ZIP LADY LAKE FL 32159-9196

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

George Tzigank GEORGE TZIGANUK

2-9-04

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #