

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 505564

FILED
Apr 11, 2008
Secretary of State

Entity Name: JIM'S DELIVERY SERVICE, INC.

Current Principal Place of Business:

4800 SW 76TH AVENUE
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

4800 SW 76TH AVE
DAVIE, FL 33328 US

New Mailing Address:

4800 SW 76TH AVENUE
DAVIE, FL 33328 US

FEI Number: 59-1677054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACCULLO, JAMES
4611 S UNIVERSITY DR #443
DAVIE, FL 333283817 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SACCULLO, VINCENT
Address: 3951 SW 72ND DRIVE
City-St-Zip: DAVIE, FL 33314

Title: P () Delete
Name: SACCULLO, JAMES
Address: 4611 S UNIVERSITY DR #443
City-St-Zip: DAVIE, FL 333283817

Title: S () Delete
Name: SACCULLO, FRANCES,
Address: 3951 SW 72ND DRIVE
City-St-Zip: DAVIE, FL 33314

Title: T (X) Delete
Name: SACCULLO, JAMES
Address: 4611 S UNIVERSITY DR #443
City-St-Zip: DAVIE, FL 333283817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SACCULLO, JAMES
Address: 4611 S UNIVERSITY DR #443
City-St-Zip: DAVIE, FL 333283817

Title: T (X) Change () Addition
Name: SACCULLO, JAMES
Address: 4611 S UNIVERSITY DR #443
City-St-Zip: DAVIE, FL 333283817

Title: S (X) Change () Addition
Name: SACCULLO, LENORE
Address: 4611 S UNIVERSITY DR #443
City-St-Zip: DAVIE, FL 33328

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SACCULLO

P

04/11/2008

Electronic Signature of Signing Officer or Director

_____ Date