


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 693645</b>	
1. Entity Name <b>FAST EDDIE'S DELIVERY SERVICE, INC.</b>	

Principal Place of Business <b>8853 NW 21ST COUNT PO BOX 8255 POMPANO BEACH, FL 33071</b>	Mailing Address <b>PO BOX 8255 CORAL SPRINGS, FL 33065</b>
<b>DO NOT WRITE IN THIS SPACE</b>	



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2107678</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HEAFY, EDWARD L III 8853 NW 21 CT CORAL SPRINGS, FL 33071</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 retreating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVST HEAFY, EDWARD L III 8853 NW 21 CT CORAL SPRINGS, FL 33071</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 filers.

**SIGNATURE:**  **1/17/04 954 7537390**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #