

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002299

FILED
Mar 22, 2004
Secretary of State

Entity Name: DELIVERY SPECIALISTS, INC.

Current Principal Place of Business:

2110 POWERS FERRY RD, #305
ATLANTA, GA 30339

New Principal Place of Business:

Current Mailing Address:

2110 POWERS FERRY RD, #305
ATLANTA, GA 30339

New Mailing Address:

FEI Number: 58-2444556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KERLEY, GENE
915 CHAD LANE
TAMPA, FL 33619 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: PS () Delete
Name: STEWART, LEVER F
Address: 2110 POWERS FERRY RD, #305
City-St-Zip: ATLANTA, GA

Title: V () Delete
Name: STEWART, JAN
Address: 2110 POWERS FERRY RD, #305
City-St-Zip: ATLANTA, GA

Title: V () Delete
Name: KERLEY, GENE
Address: 915 CHAD LANE
City-St-Zip: TAMPA, FL 33619

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO () Change (X) Addition
Name: WILLIAMS, DONNA H
Address: 2110 POWERS FERRY RD, #305
City-St-Zip: ATLANTA, GA 30339

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONNA H. WILLIAMS

CFO

03/22/2004

Electronic Signature of Signing Officer or Director

Date