


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01433</b>	
1. Entity Name J & S HOME DELIVERY, INC.	

Principal Place of Business 3008 KENILWORTH BLVD SEBRING, FL 33872 US	Mailing Address 3008 KENILWORTH BLVD SEBRING, FL 33870
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  MCCOLLUM, JAMES F. 129 SOUTH COMMERCE AVENUE SEBRING, FL	DO NOT WRITE IN THIS SPACE
7. 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	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, SHARON 800 KILLARNEY DR SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, JOHN 800 KILLARNEY DR SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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:** *Sharon Barrett* **SHARON BARRETT** **3-2-05** **3820106**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #