

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90033 028 \*\*\*150.00

**DOCUMENT # L01433**



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



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

800 KILLARNEY DR

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

SEBRING, FL

4. FEI Number

59-2966755

Applied For

Not Applicable

Zip

Country

Zip

33875

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCCOLLUM, JAMES F.  
129 SOUTH COMMERCE AVENUE  
SEBRING FL

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 consolidating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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 D ☐ Delete  
NAME BARRETT, SHARON  
STREET ADDRESS 800 KILLARNEY DR  
CITY-ST-ZIP SEBRING FL 33875

TITLE D ☐ Delete  
NAME BARRETT, JOHN  
STREET ADDRESS 800 KILLARNEY DR  
CITY-ST-ZIP SEBRING FL 33875

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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CITY-ST-ZIP

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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-06 (863) 3820106

Date

Daytime Phone #