

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36233

FILED
Jan 07, 2009
Secretary of State

Entity Name: ECKERS' DELIVERY SERVICE, INC.

Current Principal Place of Business:

1719 SW 170TH ST
NEWBERRY, FL 32669 US

New Principal Place of Business:

1719 SW 170TH ST
NEWBERRY, FL 32669 US

Current Mailing Address:

1719 SW 170TH ST
NEWBERRY, FL 32669 US

New Mailing Address:

1719 SW 170TH ST
NEWBERRY, FL 32669 US

FEI Number: 59-3004303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOPE, A. BICE
408 W UNIVERSITY AVENUE
SUITE 406
GAINESVILLE, FL 32601 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 (X).

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ECKER, ANTHONY,
Address: 1719 SW 170TH ST
City-St-Zip: NEWBERRY, FL

Title: VSD () Delete
Name: ECKER, ROBIN W.,
Address: 1719 SW 170TH ST
City-St-Zip: NEWBERRY, FL

Title: T () Delete
Name: ECKER, ROBIN W.,
Address: 1719 SW 170 ST
City-St-Zip: NEWBERRY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ECKER, ANTHONY,
Address: 1719 SW 170TH ST
City-St-Zip: NEWBERRY, FL 32669 US

Title: VSD (X) Change () Addition
Name: ECKER, ROBIN W.,
Address: 1719 SW 170TH ST
City-St-Zip: NEWBERRY, FL 32669 US

Title: T (X) Change () Addition
Name: ECKER, ROBIN W.,
Address: 1719 SW 170 ST
City-St-Zip: NEWBERRY, FL 32669 US

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: ROBIN W. ECKER

VSD

01/07/2009

Electronic Signature of Signing Officer or Director

Date