


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000022765

1. Entity Name
TEXAS INDEPENDENT DELIVERY SERVICES, INC.



Principal Place of Business 11540 HIGHWAY 92 EAST SEFFNER, FL 33584	Mailing Address 11540 HIGHWAY 92 EAST SEFFNER, FL 33584
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DO NOT WRITE IN THIS SPACE



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3631055	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCINTOSH, ANDREW L
 C/O PIPER MARBURY RUDNICK & WOLFE LLP
 101 EAST KENNEDY BLVD., SUITE 2000
 TAMPA, FL 33602

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000076397
 03/04/04-80026-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEAMAN, MORTON 500 NORTH BROADWAY SUITE 238 JERICHO, NY 11753
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST TIPPING, CHARLIE 11540 US HWY 92 EAST SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SULS, STUART 11540 US HWY 92 EAST SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(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: Stuart Suls 2/23/04 (813)623-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #