

2007 FOR PROFIT CORPORATION ANNUAL REPORT


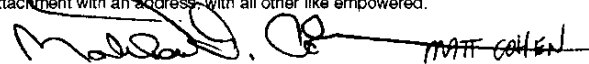
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Feb 23, 2007 8:00 am
Secretary of State

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01252007 Chg-P CR2E034 (12/06)

DOCUMENT # P00000022765					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3631055	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCINTOSH, ANDREW L C/O PIPER MARBURY RUDNICK & WOLFE LLP 101 EAST KENNEDY BLVD., SUITE 2000 TAMPA, FL 33602			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAMAN, MORTON		NAME		
STREET ADDRESS	500 NORTH BROADWAY SUITE 238		STREET ADDRESS		
CITY-ST-ZIP	JERICO, NY 11753		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	V, O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIPPING, CHARLIE		NAME		
STREET ADDRESS	11540 US HWY 92 EAST		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP		
TITLE	DPST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULS, STUART		NAME		
STREET ADDRESS	11540 US HWY 92 EAST		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	V, O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, MATT		NAME		
STREET ADDRESS	11540 US HWY 92 EAST		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER, FL 33584		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	P.S.T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JEFF MARPLE	
STREET ADDRESS			STREET ADDRESS	11540 HWY 92 EAST	
CITY-ST-ZIP			CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Date: 1/29/07		Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					