2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000036595

1. Entity Name
HANDLE WITH CARE DELIVERY, INC.

Principal Place of Business	Mailing Address
18841 SAKERA ROAD HUDSON, FL 34667	18841 SAKERA ROAD HUDSON, FL 34667

01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3711447

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEARNLEY, MARCIA W
6072 AIRMONT DRIVE
SPRING HILL, FL 34606

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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: Marcia W Dearnley - Marcia W. Dearnley President 3/11/05
Signature of new registered agent, if applicable — Print name of registered agent or officer — Date

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

100000263358
03/14/05-80074-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEARNLEY, MARCIA W
STREET ADDRESS	6072 AIRMONT DRIVE
CITY ST ZIP	SPRING HILL, FL 34606
TITLE	TS
NAME	DEARNLEY, JACK
STREET ADDRESS	6072 AIRMONT DRIVE
CITY ST ZIP	SPRING HILL, FL 34606
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: Marcia W Dearnley - Marcia W Dearnley President 3/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date