

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000101948**

**1. Entity Name**  
**JOHNNY ON THE SPOT DELIVERY, INC.**



**Principal Place of Business**  
**5114 E BROADWAY AVE**  
**TAMPA, FL 33619**

**Mailing Address**  
**5114 E BROADWAY AVE**  
**TAMPA, FL 33619**



04302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**11-3654165**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**COSTELLO, EDWARD R**  
**4420 WALTHAM AVE.**  
**TAMPA, FL 33634**

**DO NOT WRITE  
IN THIS SPACE**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>
<b>NAME</b>	<b>COSTELLO, EDWARD R</b>
<b>STREET ADDRESS</b>	<b>4420 WALTHAM AVE</b>
<b>CITY-ST-ZIP</b>	<b>TAMPA, FL 33634</b>
<b>TITLE</b>	<b>VP</b>
<b>NAME</b>	<b>MOYER, LARRY E</b>
<b>STREET ADDRESS</b>	<b>3704 SOUTHVIEW</b>
<b>CITY-ST-ZIP</b>	<b>BRANDON, FL 33511</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

U000000754814  
05/22/07-80076-022 150.00

**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:**

*Larry Moyer* **LARRY MOYER**

Date

Daytime Phone #

**4-30-07**

**813-241-2261**