

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 09, 2008 8:00 am
Secretary of State

05-12-2008 90029 021 ***150.00

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**

66013783



04292008 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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/2/2008

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COSTELLO, EDWARD R
STREET ADDRESS	4420 WALTHAM AVE
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	VP
NAME	MOYER, LARRY E
STREET ADDRESS	3704 SOUTHVIEW
CITY-ST-ZIP	BRANDON, FL 33511
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 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, without other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

7/2/2008