

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000113312

Entity Name: LJF DELIVERS, INC.

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

26714 OAK SHADOW LANE  
MT. DORA, FL 32757

**New Principal Place of Business:**

16929 COUNTY ROAD 48  
MT. DORA, FL 32757

**Current Mailing Address:**

26714 OAK SHADOW LANE  
MT. DORA, FL 32757

**New Mailing Address:**

FEI Number: 46-0504624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRUENOW, KEITH L  
29116 LAKE BEAUCLAIRE DR.  
TAVARES, FL 32778 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: TRUENOW, KEITH L  
Address: 29116 LAKE BEAUCLAIRE DR.  
City-St-Zip: TAVARES, FL 32778

Title: VP/S  
Name: TRUENOW, DODI H  
Address: 29116 LAKE BEAUCLAIRE DR  
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEITH TRUENOW

PRES

01/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date