

FILED  
Aug 26, 2004 8:00 am  
Secretary of State

08-26-2004 90001 019 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000059044</b>			
1. Entity Name <b>IN HOME DELIVERY SERVICE INC.</b>			
Principal Place of Business <b>1736 EUNICE AVE. LEHIGH ACRES, FL 33971</b>		Mailing Address <b>1736 EUNICE AVE. LEHIGH ACRES, FL 33971</b>	
2. Principal Place of Business <b>1736 Eunice Ave N</b> Suite, Apt. #, etc.		3. Mailing Address <b>1736 Eunice Ave N</b> Suite, Apt. #, etc.	
City & State <b>Lehigh FL</b>		City & State <b>Lehigh FL</b>	
Zip <b>33971</b>		Zip <b>33971</b>	
Country		Country	
4. FEI Number <b>37-1481190</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GOSS, RICK 1736 EUNICE AVE. LEHIGH ACRES, FL 33971</b> <i>Filled out these area's for correction of Address spelling</i>		7. Name and Address of New Registered Agent Name <b>RICK GOSS</b> Street Address (P.O. Box Number, is Not Acceptable) <b>1736 Eunice Ave N</b> City <b>Lehigh FL</b> Zip Code <b>33971</b>	
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 <i>[Signature]</i> DATE <b>6/3/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOSS, RICK 1736 EUNICE AVE. LEHIGH ACRES, FL 33971 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHICCARELLO, JAMES 1736 EUNICE AVE. LEHIGH ACRES, FL 33971 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>6/3/04</b> Daytime Phone # <b>(239) 340-2025</b>	