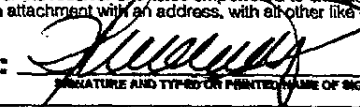


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P03000095592		
1. Entity Name DELLI'S SERVICES, INC.		
Principal Place of Business 9126 MT ARLINGTON CT JACKSONVILLE, FL 32225		Mailing Address PO BOX 54154 JACKSONVILLE, FL 32245-4154
DO NOT WRITE IN THIS SPACE		
		02142005 No Chg-P CR2E034 (10/03)
4. FEI Number 04-3774192		Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75		Additional Fee Required
6. Name and Address of Current Registered Agent DELLI-CAMPAGNI, CRUCEIDA 9126 MT. ARLINTONG CT. JACKSONVILLE, FL 32225		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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	PD	
NAME	DELLI-CAMPAGNI, CRUCEIDA	
STREET ADDRESS	9126 MT. ARLINTONG CT.	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
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		
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____