

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90018 007 ***158.75

DOCUMENT # P03000097524 1. Entity Name RWB EXCEL DELIVERY SERVICE, INC.					
Principal Place of Business 4810 S. DAUPHIN STREET #25B TAMPA, FL 33611			Mailing Address 4810 S. DAUPHIN STREET #25B TAMPA, FL 33611		
2. Principal Place of Business - No P.O. Box # 3184 BAYSHORE OAKS DR.		3. Mailing Address 3184 BAYSHORE OAKS DR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 03-0527103	
Zip 33611-4472		Country 		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEANE, ROBERT 4810 S. DAUPHIN STREET, #25B TAMPA, FL 33611				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3184 BAYSHORE OAKS DR. City Tampa, FL Zip Code 33611-4472	
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: Type or print name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEANE, ROBERT 4810 S. DAUPHIN ST. #25B TAMPA, FL 33611	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
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: <u>Robert Beane</u> Robert Beane				1-29-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	