

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90035 035 \*\*\*158.75

DOCUMENT # P03000106613

1. Entity Name

A-1 DELIVERY, INC.



Principal Place of Business

1338 DEL PRADO BLVD  
UNIT F  
CAPE CORAL FL 33990

Mailing Address

1338 DEL PRADO BLVD  
UNIT F  
CAPE CORAL FL 33990



2. Principal Place of Business - No P.O. Box #

1115 SE 12TH PL

Suite, Apt. #, etc.

CAPE CORAL FL

City & State

33990

3. Mailing Address

1115 SE 12TH PL

Suite, Apt. #, etc.

CAPE CORAL FL

City & State

33990

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-0273080

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TARAS-TYDINGS, DONNA  
1115 SE 12TH PLACE  
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME TARAS-TYDINGS, DONNA ☐ Delete  
STREET ADDRESS 1338 DEL PRADO BLVD, UNIT F  
CITY-STATE-ZIP CAPE CORAL FL 33990

TITLE V  
NAME MAKOWSKI, RICHARD ☐ Delete  
STREET ADDRESS 1338 DEL PRADO BLVD, UNIT F  
CITY-STATE-ZIP CAPE CORAL FL 33990

TITLE ST  
NAME GRAVEDONI, JAMES ☐ Delete  
STREET ADDRESS 1338 DEL PRADO BLVD, UNIT F  
CITY-STATE-ZIP CAPE CORAL FL 33990

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3733 SW 1ST AVE  
CITY-STATE-ZIP CAPE CORAL FL 33914

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4706 SE 4TH PL #14  
CITY-STATE-ZIP CAPE CORAL FL 33904

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5216 VERSAILLE CT  
CITY-STATE-ZIP CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Donna Taras-Tydings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNA TARAS-TYDINGS 3-6-07 (2397) 849-9289

Date

Daytime Phone #