

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000106613

Entity Name: A-1 DELIVERY, INC.

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1115 SE 12TH PLACE  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

1115 SE 12TH PLACE  
CAPE CORAL, FL 33990

**New Mailing Address:**

FEI Number: 20-0273080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

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

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

TARAS, DONNA M  
1115 SE 12TH PLACE  
CAPE CORAL, FL 33990 US

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: DONNA M. TARAS

01/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TARAS, DONNA  
Address: 3813 SE 19TH AVE  
City-St-Zip: CAPE CORAL, FL 33904

Title: VP  
Name: MAKOWSKI, RICHARD  
Address: 4706 SE 4TH PLACE, 14  
City-St-Zip: CAPE CORAL, FL 33904

Title: ST  
Name: GRAVEDONI, JAMES  
Address: 5216 VERSAILLE CT.  
City-St-Zip: CAPE CORAL, FL 33904

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: DONNA M. TARAS

P

01/27/2011

Electronic Signature of Signing Officer or Director

Date