2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2004 8:00 am Secretary of State

									J	0 • ~	••••
DOCUMENT # P03000131439 1. Entity Name J & J DELIVERY SERVICE OF SW FLA. INCORPORATED								04-02-2004	1 90032	O11 ***1	50.00
Principal Plac	e of Business	Mailing Address				44043340					
Principal Place of Business							. 1100010				
313 SE 21ST AVE CAPE CORAL, FL 33990			313 SE 21ST AVE CAPE CORAL, FL 33990								
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								FAILF FA 61 ALIG			
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.		+	Suite, Apt. #, etc.								
<u>,</u>			Gallet I plant, Glet				02282004	Chg-P	CR2EC	034 (10/03)	
City & State			City & State				4. FEI Numbe	″ <u>2</u> ∞3298	~~	Ar	plied For
								20052-10	ر <u>ت</u>	No	t Applicable
Zip ·	Country Zip		Country			5. Certificate	of Status Desired		\$8.75 Add		
	6. Name and Address of Currer	nt Regis	tered Agent				7. Name and	Address of New Re	enistered	<u> </u>	u
or warms and an armount of the state of the					Vame				3		
ARCINIEGA, JILLIAN											
313 SE 21		Street Address (P.O. Box Number is Not Acceptable)						
CAPE CORAL, FL 33990											
				City							
									FL	Zip Cod	e l
8. The above named entity submits this statement for the purpose of changing its registered office or register							d agent, or bot	h, in the State of Flo	rida. Lam	familiar with.	and accept
the obligations of registered agent.											
CIONATUDE										•	
SIGNATURE.	Signature, typed or printed name of registered age	nt and litie	if applicable. (NOTE: F	Registered Ag	ent signature	required w	nen reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finar							0 May Be				
After May 1, 2004 Fee will be \$550.00 Trust Fund Contributio						Added	to Fees				
10. OFFICERS AND DIRECTORS 11.							ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE	P Delete			Hitt	V	liu 1	Dreside	nt		☐ Change	X Addition
NAME	ARCINIEGA, JILLIAN			NAME	j	Juan	inis	Arciniega Avenue			-
STREET ADDRESS	313 SE 21ST AVE			STREET A	.ddress 3	313 5	.e. 213	Avenue			
CITY-ST-ZIP	CAPE CORAL, FL 33990			CITY-ST-	-ZIP C	(opt	Coral, F	L 35990			
TITLE	`		☐ Delete	TITLE ~	Ì					Change	☐ Addition
NAME				NAME							
STREET ADDRESS				STREET A							
CITY-ST-ZIP				CITY-ST-	- źIP						
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS	•			NAME	PDOCOC		•				£
CITY-ST-ZIP				STREET A	- 1						
			Поли		<u> </u>						- Addition
TITLE NAME			☐ Delete	TITLE NAME	Vacanta					☐ Change	☐ Addition
STREET ADDRESS				STREET A	DDRESS						
CITY-ST-ZIP				CITY-SI-							
TITLE	, , , , , , , , , , , , , , , , , , ,		☐ Delete	TITLE						☐ Change	☐ Addition
NAME			- Detete	NAME						□ \condc	C AUDINOIT
STREET ADDRESS			•	STREET A	ADDRESS						

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.

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

THE

NAME

elle Oscarios a Tillian Arciniesa Gignature and type of Printed Name of Signing Officer on Director

☐ Delete

3/22/04

(239) 335-2545

Change

Addition