


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90024 023 ***150.00

| | |
|---|---|
| DOCUMENT # P04000048801 1. Entity Name ACTION DELIVERY SYSTEMS, INC. |  |
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|---|---|
| Principal Place of Business 1835- 119 US 1 SOUTH SUITE 222 ST. AUGUSTINE, FL 32086 | Mailing Address 1835- 119 US 1 SOUTH SUITE 222 ST. AUGUSTINE, FL 32086 |
|---|---|

DO NOT WRITE IN THIS SPACE



02222006 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-1230454 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HALL, CHARLES E JR 77 ALMERIA STREET ST. AUGUSTINE, FL 32084 |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD ZWALLY-LYNCH, BARBAR 30 HAWAIIAN BLVD. ST. AUGUSTINE BEACH, FL 32080 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LYNCH, THOMAS 30 HAWAIIAN BLVD. ST. AUGUSTINE BEACH, FL 32080 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

Barbara Lynch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/06
Date

Daytime Phone #