

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048801

FILED  
Feb 08, 2010  
Secretary of State

**Entity Name:** ACTION DELIVERY SYSTEMS, INC.

**Current Principal Place of Business:**

1835- 119 US 1 SOUTH  
SUITE 222  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

1835- 119 US 1 SOUTH  
PMB 222  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

1835- 119 US 1 SOUTH  
SUITE 222  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

1835- 119 US 1 SOUTH  
PMB 222  
ST. AUGUSTINE, FL 32084

**FEI Number:** 20-1230454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYNCH, BARBARA  
30 HAWAIIAN BLVD.,  
ST. AUGUSTINE, FL 32080 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: ZWALLY-LYNCH, BARBAR  
Address: 30 HAWAIIAN BLVD.  
City-St-Zip: ST. AUGUSTINE BEACH, FL 32080

Title: VD  
Name: LYNCH, THOMAS  
Address: 30 HAWAIIAN BLVD.  
City-St-Zip: ST. AUGUSTINE BEACH, FL 32080

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: BARBARA LYNCH

PRES

02/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date