

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90195 037 ***150.00

DOCUMENT # P04000068353					
1. Entity Name RAKKASAN DELIVERIES, INC					
Principal Place of Business SECOND LAKESIDE VILLAGE 1130 N LAKE PARKER AVE 121-C LAKELAND, FL 33805 US			Mailing Address SECOND LAKESIDE VILLAGE 1130 N LAKE PARKER AVE 121-C LAKELAND, FL 33805 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01052005 Chg-P CR2E034 (10/03)	
4. FEI Number 75-3153299				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DALEY, THOMAS P JR 2050 E EDGEWOOD DRIVE 1130 N. Lake Parker Ave. 121 A-2 Lakeland, FL 33805 LAKELAND, FL 33803			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME DALEY, THOMAS P JR STREET ADDRESS 2050 E EDGEWOOD DRIVE A-2 CITY-ST-ZIP LAKELAND, FL 33803	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 1130 N. Lake Parker Ave C-121 CITY-ST-ZIP Lakeland, FL 33805	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME DALEY, THOMAS P JR STREET ADDRESS 2050 E EDGEWOOD DRIVE A-2 CITY-ST-ZIP LAKELAND, FL 33803	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 1130 N Lake Parker Ave C-121 CITY-ST-ZIP Lakeland, FL 33805	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE:			4/8/05 863-604-0187		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					