

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000070029

Entity Name: STRICTLY DELIVERY, INC.

FILED  
Mar 10, 2009  
Secretary of State

**Current Principal Place of Business:**

452 OSCEOLA ST 101  
ALTAMONTE SPRING, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

452 OSCEOLA ST 101  
ALTAMONTE SPRING, FL 32701

**New Mailing Address:**

FEI Number: 77-0633714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HICKS, CECIL  
452 OSCEOLA ST  
101  
ALTAMONTE SPRING, FL 32701 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: P ( ) Delete  
Name: HICKS, CECIL  
Address: 452 OSCEOLA ST  
City-St-Zip: ALTAMONTE SPRING, FL 32701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CECIL HICKS

P

03/10/2009

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

\_\_\_\_\_  
Date