


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90165 013 \*\*\*150.00

<b>DOCUMENT # P04000109949</b> 1. Entity Name <b>T &amp; M DELIVERY, INC.</b>					
Principal Place of Business <b>994 68 STREET OCEAN MARATHON, FL 33050</b>			Mailing Address <b>PO BOX 500621 MARATHON, FL 33050</b>		
2. Principal Place of Business - No P.O. Box # <b>125 41 Street Gulf</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Marathon Florida</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>51-0516119</b>	
Zip <b>33050</b>		Country <b>Monroe</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MILLER, ROBERT K ESQ 2975 OVERSEAS HWY MARATHON, FL 33050</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEATHERWOOD, TYRONE</b> <input type="checkbox"/> Delete <b>994 68 STREET OCEAN</b> <b>MARATHON, FL 33050</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCKENZIE, MILEYDI</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>125 41 street gulf</b> <b>marathon, FL 33050</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Leatherwood, Tyrone</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>125 41 street gulf</b> <b>Marathon, FL 33050</b>	
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	
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	
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	
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 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.					
<b>SIGNATURE: Mileydi McKenzie Mileydi McKenzie 04/11/07 (305)619-6383</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					