

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000045665

Entity Name: LYNX DELIVERY SERVICE, INC.

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

3466 CAPRI DR  
FT LAUDERDALE, FL 33312

## New Principal Place of Business:

## Current Mailing Address:

3466 CAPRI DR  
FT LAUDERDALE, FL 33312

## New Mailing Address:

FEI Number: 20-4622498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOBBAN, NORMAN A  
4448 INVERRARY BLVD  
LAUDERHILL, FL 33319 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: DP ( ) Delete  
Name: IVEY, TERRENCE  
Address: 3466 CAPRI DR  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: DV ( ) Delete  
Name: IVEY, BERNICE  
Address: 3466 CAPRI DR  
City-St-Zip: FT LAUDERDALE, FL 33312

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: BERNICE IVEY

DV

04/29/2009

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

\_\_\_\_\_  
Date