## **2008 FOR PROFIT CORPORATION**

## **FILED** ANNUAL REPORT Apr 28, 2008 08:00 AN Secretary of State DOCUMENT # P06000085406 1. Entity Name R & M DELIVERY, INC. Principal Place of Business Mailing Address **38537 5TH AVENUE** P.O. BOX 807 ZEPHYRHILLS, FL 33542 ZEPHYRHILLS, FL 33539 04242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5501720 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HADIN, KARA E ESQ. DO NOT WRITE **38537 5TH AVENUE** ZEPHYRHILLS, FL 33542 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1; 2008 Fee will be \$550.00 U00000925627 <del>85/20/88-88835-885-150.00</del> OFFICERS AND DIRECTORS 10.1 TITLE NAME ROEHRIG, ROBERT STREET ADDRESS P.O. BOX 807 ZEPHYRHILLS, FL 33539 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 flustee 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 tike empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO