


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000000341 1. Entity Name THURMAN'S DELIVERY SERVICE, INC.	
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Principal Place of Business 3291 HIGHWAY 476 BUSHNELL, FL 33513	Mailing Address P.O. BOX 1746 BUSHNELL, FL 33513
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3222048	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PENINGER, THURMAN G
 3291 HIGHWAY 476
 BUSHNELL, FL 33513

DO NOT WRITE 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: *Thurman Peninger* (NOTE: Registered Agent signature required when reinstating)
 DATE: 4/21/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

00000127961
 04/26/04-80018-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PENINGER, THURMAN G 3291 HIGHWAY 476 BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS PENINGER, CLAUDIA G 3291 HIGHWAY 476 BUSHNELL, FL 33513
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DO NOT WRITE IN THIS SPACE

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: *Thurman Peninger* 352 793 3432
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Daytime Phone #