

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000022482

1. Entity Name
ASSURED DELIVERY SERVICES, INC.



Principal Place of Business
8822 BOGGY CREEK RD
ORLANDO, FL 32824

Mailing Address
8612 LYONIA DR
ORLANDO, FL 32829

FILED

07 NOV -2 AM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE



REINSTATEMENT 07

4. FEI Number
59-3232402

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHORTEN, FREDERICK JR
8612 LYONIA DR
ORLANDO, FL 32829

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	SHORTEN, FREDERICK JR.
STREET ADDRESS	8612 LYONIA DR.
CITY-ST-ZIP	ORLANDO, FL 32829
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000111209200
10/23/07--01035--020 **150.00

000111209200
11/08/07--01051--012 **608.75

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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.

SIGNATURE:

Frederick C Shorten Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-07

Date

Daytime Phone #

FREDERICK SHORTEN JR

3 Mitchell NOV 2 2007