


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90300 012 ***150.00

DOCUMENT # P95000074003	
1. Entity Name J.K.C. DELIVERY SERVICES, INC.	

Principal Place of Business 488 HOLBROOK CIR. LAKE MARY FL 32746	Mailing Address 488 HOLBROOK CIR. LAKE MARY FL 32746
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MOORE CR2E034 (11/03)

2. Principal Place of Business 1970 WILD TURKEY VILLAGE Suite, Apt. #, etc.	3. Mailing Address 1970 WILD TURKEY VILLAGE Suite, Apt. #, etc.
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City & State DELAND, FL	City & State DELAND FL
Zip 32720	Country
Zip 32720	Country

4. FEI Number 65-0604270	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CRAIG, JAMES K 488 HOLBROOK CIR. LAKE MARY FL 32746	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1970 WILD TURKEY VILLAGE City DELAND FL Zip Code 32720
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME CRAIG, JAMES K	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 1970 WILD TURKEY VILLAGE
STREET ADDRESS 488 HOLBROOK CIR.	CITY-ST-ZIP LAKE MARY FL 32746	STREET ADDRESS 1970 WILD TURKEY VILLAGE	CITY-ST-ZIP DELAND FL 32720
TITLE D <input type="checkbox"/> Delete	NAME CRAIG, LINDA A	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 1970 WILD TURKEY VILLAGE
STREET ADDRESS 488 HOLBROOK CIR.	CITY-ST-ZIP LAKE MARY FL 32746	STREET ADDRESS 1970 WILD TURKEY VILLAGE	CITY-ST-ZIP DELAND FL 32720
TITLE <input type="checkbox"/> Delete	NAME 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME 	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP

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: James K. Craig **4-16-04** **407-928-2165**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #