2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000101837

1. Entity Name
FLORIDA DELIVERY, INC.

Principal Place of Business	Mailing Address
1100 S.W. 73RD AVE PLANTATION, FL 33317	1100 S.W. 73RD AVE PLANTATION, FL 33317

DO NOT WRITE IN THIS SPACE

04102004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0724111	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STRICKER, PAUL H
1100 SW 73RD AVE
PLANTATION, FL 33317

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_____

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STRICKER, PAUL H
STREET ADDRESS	1100 SW 73RD AVE
CITY-ST-ZIP	PLANTATION, FL 33317

TITLE	
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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: X _Paul Wayne Stricker_ P. Wayne Stricker X 4/15/04   9545833494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #