

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000055903

Entity Name: ENTEGRA DELIVERY, INC.

FILED
Mar 10, 2008
Secretary of State

Current Principal Place of Business:

819 SOUTH FEDERAL HIGHWAY
SUITE 300
STUART, FL 34994

New Principal Place of Business:

1289 NE 9TH AVENUE
OKEECHOBEE, FL 34972

Current Mailing Address:

819 SOUTH FEDERAL HIGHWAY
SUITE 300
STUART, FL 34994

New Mailing Address:

1289 NE 9TH AVENUE
OKEECHOBEE, FL 34972

FEI Number: 65-0769976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZUMMO, ROSEMARIE
819 SOUTH FEDERAL HIGHWAY
SUITE 300
STUART, FL 34994 US

Name and Address of New Registered Agent:

ZUMMO, ROSEMARIE
1289 NE 9TH AVENUE
OKEECHOBEE, FL 34972 US

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.

SIGNATURE: _____

03/10/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: JOHNSON, SCOTT
Address: 819 SOUTH FEDERAL HIGHWAY SUITE 300
City-St-Zip: STUART, FL 34994

Title: DP () Delete
Name: CEDENO, OMAR
Address: 819 S. FEDERAL HIGHWAY SUITE 300
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CEDENO, OMAR
Address: 1289 NE 9TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

Title: D (X) Change () Addition
Name: JOHNSON, TERRY R
Address: 1289 NE 9TH AVENUE
City-St-Zip: OKEECHOBEE, FL 34972

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OMAR CEDENO

PD

03/10/2008

Electronic Signature of Signing Officer or Director

Date