2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000027590

1. Entity Name
JDK DELIVERY SERVICE, INC.

Principal Place of Business	Mailing Address
118 VALENCIA STREET ROYAL PALM BEACH, FL 33411	118 VALENCIA STREET ROYAL PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

01162006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0835546
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MINERVA, JOSEPHINE
118 VALENCIA STREET
ROYAL PALM BEACH, FL 33411

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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, 2006 Fee will be $550.00

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

000000544371
05/11/06-80033-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MINERVA, JOSEPHINE
STREET ADDRESS	118 VALENCIA STREET
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	VP
NAME	MINERVA, DANIELLE
STREET ADDRESS	118 VALENCIA STREET
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	TS
NAME	MINERVA, KRISTINE
STREET ADDRESS	118 VALENCIA STREET
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Josephine Minerva 4/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #