

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000040457

1. Entity Name
GOOD STUFF DELIVERY SERVICE, INC.



Principal Place of Business
**635 LARPENTEUR AVENUE
SUITE A
ROSEVILLE, MN 55113**

Mailing Address
**635 LARPENTEUR AVENUE
SUITE A
ROSEVILLE, MN 55113**



03042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0909896

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JACOBS, A
6428 LAKE WORTH RD
#610
LAKE WORTH, FL 33467**

**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)

3/4/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

1000000271088
03/21/05-80034-008 150.00

**DO NOT WRITE
IN THIS SPACE**

TITLE	D
NAME	STONE, BRENT DAWSON
STREET ADDRESS	635 LARPENTEUR AVENUE SUITE A
CITY-ST-ZIP	SAINT PAUL, MN 55113
TITLE	V
NAME	HARVIEUX, PAUL
STREET ADDRESS	1985 HOYT AVE. EAST
CITY-ST-ZIP	SAINT PAUL, MN 55119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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)(f), 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:

 **Brent Stone**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/05 **651-4884800**