## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000040457

Name:

Address:

City-St-Zip:

DIPIETRO, DOMENIC

OAKDALE, MN 55128 US

7593 UPPER 17 STREET NORTH

FILED Mar 05, 2009 Secretary of State

Entity Name: GOOD STUFF DELIVERY SERVICE, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
245 ROSELAWN AVENUE E. SUITE #21 MAPLEWOOD, MN 55117 US					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
245 ROSELAWN AVENUE E. SUITE #21 MAPLEWOOD, MN 55117 US					
FEI Number:	65-0909896	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
JACOBS, A 6428 LAKE WORTH RD SUITE #610 LAKE WORTH, FL 33467 US			SUITE #327	6526 S KANNER HWY	
The above in the State	named entity su of Florida.	ubmits this statement for the pu	rpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: ADAM JACOBS				03/05/2009	
Electronic Signature of Registered Agent			nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	STONE, BRENT	AVE. E., STE. 21	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ()[ HARVIEUX, PAUI 1985 HOYT AVE SAINT PAUL, MN	. EAST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	S ()I	Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRENT STONE Ρ 03/05/2009