## 2008 FOR PROFIT CORPORATION

## Feb 25, 2008 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # H47977** 02-25-2008 90045 014 \*\*\*150.00 1. Entity Name BRUCE'S TAXI SERVICE, INC. Principal Place of Business Mailing Address 7816 CORTEZ RD W 7816 CORTEZ RD W BRADENTON, FL 34210 BRADENTON, FL 34210 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-2591968 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRODEN, BRUCE L. Street Address (P.O. Box Number is Not Acceptable) 2407 15TH AVE. BRODENTON, FL 34205 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change ☐ Addition TITLE ☐ Delete TIFLE BRODEN, BRUCE LAWRENCE NAMÉ NAME STREET ADDRESS 2407 15TH AVE W. SIFEET ADDRESS CITY-ST-ZIP BRADENTON, FL CIT /-ST-ZIP ☐ Change Addition TITLE Delete TIFFE MARTIN, LAWRENCE R NAME NAME 955-53RD STREET EAST #1125 S' FEET ADDRESS STREET ADDRESS BRADENTON, FL 34208 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change CLARK, ROGER NAME MAINE STREET ADDINGS 7813-40TH AVE: DR. W SIFEET ADDRESS BRADENTON, FL 34208 CITY-ST-ZIP CITY-ST-ZIP ☐ Change X Addition TITLE ☐ Delete TIFLE Karen Coonradt NAME N/U/IE 4204 53th Ave W, Apt 1804 Bradenton, FZ 34210 STREET ADDRESS S FEET ADDRESS CHTY-ST-ZIP CIT /-ST-ZIP Delete Change ☐ Addition TITLE TITLE STREET ADDRESS SI FEET ADDRESS CITY-ST-ZIE CIT / -ST- ZIP ☐ Delete IIII.E Change Addition NAME NAME STREET ADDRESS S' FEET ADDRESS CITY-ST-7/P OIT /-ST-ZIP

12. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as recuired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment th an address, with all other like empowered

SIGNATURE:

FILED