## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 03, 2006 08:00 AM Secretary of State **DOCUMENT # P03000024327** PRONTO LIMOUSINE SERVICE, INC. Principal Place of Business Mailing Address P 0 BOX 1869 **3331 SW 9TH AVE** INVERNESS, FL 34451 OCALA, FL 34474 01062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2105669 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ROMERO, JOHN A 3331 SW 9TH AVE. OCALA, FL 34474 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 it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TET: E NAME ROMERO, JOHN A 3331 SW 9TH AVE. STREET ADDRESS **OCALA, FL 34474** CITY-ST-ZIP 117) F NAME U00000489316 STREET ADDRESS 04/17/06 30002-003 150.0**0** CITY -ST-70 TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-2)P IN THIS SPACE THLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THRE MANE

12. Thereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS GITY - ST - 21P

AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30/06 352-427-294

**FILED**