

FILED
Apr 28, 2008 08:00 AM
Secretary of State

05-01-2008 90192 038 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000045173			
1. Entity Name ET ENTERTAINMENT-CHAUFFEUR LIMO TAXI SEDAN, INC.			
Principal Place of Business 11303-122 TERRACE NORTH LARGO, FL 33778		Mailing Address 11303-122 TERRACE NORTH LARGO, FL 33778	
2. Principal Place of Business - No P.O. Box # 11303-122 Terrace North		3. Mailing Address 11303-122 Terrace North	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Largo FL		City & State Largo FL	
Zip 33778	Country Pinell	Zip 33778	Country Pinell
6. Name and Address of Current Registered Agent SCHAEFFER, CATHERINE 240 11TH AVE SW LARGO, FL 33770		7. Name and Address of New Registered Agent Catherine M Schaeffer Street Address (P.O. Box Number is Not Acceptable) 11303-122 Terrace North City Largo FL Zip Code 33778	
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: Catherine M Schaeffer Signature, typed or printed name of registered agent and applicable (NOTE: Registered Agent's signature required when reappointing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHAEFFER, CATHERINE 240 11TH AVE SW LARGO, FL 33770 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robert A. Schaeffer 11303-122 Terrace North Largo FL 33778 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRD Catherine A Schaeffer 11303-122 Terrace North Largo FL 33778 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: Catherine M Schaeffer		B. 4/29/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	