2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# P98000029755

Entity Name: COMFORT CAB, INC.

Current Principal Place of Business:

432 LENA ST.
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

432 LENA ST.
ST. AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 59-3499449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHILDRES, JOHN R
449 GERONA RD
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHILDERS, JOHN R
Address: 449 GERONA RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: V ( ) Delete
Name: LEBLANC, WINNIS JR
Address: 298 YARBOROUGH CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: T ( ) Delete
Name: ROSS, GREGORY
Address: 581 REMMINGTON FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: S ( ) Delete
Name: ROSS, GREGORY
Address: 581 REMMINGTON FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: S ( ) Delete
Name: ROSS, GREGGORY
Address: 581 REMMINGTON FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JOHN R. CHILDRES PRES 04/25/2006

Electronic Signature of Signing Officer or Director Date