


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # S79305 1. Entity Name A CLEARWATER LIMOUSINE, INC.	
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Principal Place of Business 3371 TANGLEWOOD TRAIL PALM HARBOR, FL 34685 US	Mailing Address 3371 TANGLEWOOD TRAIL PALM HARBOR, FL 34685 US
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01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3087561	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEKLER, IRVIN
 3371 TANGLEWOOD TRAIL
 CLEARWATER, FL 33781

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEKLER, IRVIN 3371 TANGLEWOOD TRAIL PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEKLER, RONNIE S. 3371 TANGLEWOOD TRAIL PALM HARBOR, FL 34685
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Irvin Mekler **Irvin Mekler** 1/15/05 727-789-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #