


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S79305**  
 1. Entity Name  
**A CLEARWATER LIMOUSINE, INC.**



Principal Place of Business      Mailing Address  
**3371 TANGLEWOOD TRAIL**      **3371 TANGLEWOOD TRAIL**  
**PALM HARBOR, FL 34685 US**      **PALM HARBOR, FL 34685 US**

**DO NOT WRITE IN THIS SPACE**



01032006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3087561**      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MEKLER, IRVIN**  
**3371 TANGLEWOOD TRAIL**  
**CLEARWATER, FL 33761**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MEKLER, IRVIN
STREET ADDRESS	3371 TANGLEWOOD TRAIL
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	PD
NAME	MEKLER, RONNIE S.
STREET ADDRESS	3371 TANGLEWOOD TRAIL
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/21/06 80110-013 150.00

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: Irvin Mekler      3/9/06      737-789-2010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #