

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K39080

**Entity Name:** BOCA GRANDE LIMOUSINE, INC.

**Current Principal Place of Business:**

370 E. RAIROAD  
#5  
BOCA GRANDE, FL 33921

**Current Mailing Address:**

P.O. BOX 413  
BOCA GRANDE, FL 33921

**FEI Number:** 65-0089922

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHRISTENSEN, GARY W  
63 GOLFVIEW RD. N.  
ROTONDA WEST, FL 33947 US

*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

**Officer/Director Detail :**

Title P  
Name CHRISTENSEN, GARY W  
Address 63 GOLFVIEW RD N.  
City-State-Zip: ROTONDA WEST FL 33947

Title VP  
Name CHRISTENSEN, DEVAN  
Address PO BOX 2322  
City-State-Zip: BOCA GRANDE FL 33921

I hereby 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 all other like empowered.

**SIGNATURE:** GARY CHRISTENSEN

**PRES**

**07/08/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date