2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 19, 2008
Secretary of State

DOCUMENT# 182262

Entity Name: CITY CAB COMPANY OF ORLANDO INC

Current Principal Place of Business:

324 W. GORE ST
ORLANDO, FL 32806 US

New Principal Place of Business:

Current Mailing Address:

324 W GORE ST
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 59-0729149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWANN & HADLEY, PA
1031 W. MORSE BLVD
STE 350
WINTER PARK, FL 32789 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

OFFICERS AND DIRECTORS:

Title: CEOT ( ) Delete
Name: CARNS, CHARLES E JR
Address: 324 W.GORE ST.
City-St-Zip: ORLANDO, FL 32806

Title: DCOB ( ) Delete
Name: MEARS, PAUL S JR
Address: 324 W GORE ST.
City-St-Zip: ORLANDO, FL 32806

Title: CFOS ( ) Delete
Name: BAKER, TIMOTHY L
Address: 324 W GORE STREET
City-St-Zip: ORLANDO, FL 32806

Title: VD ( ) Delete
Name: MEARS, JAMES L
Address: 324 W. GORE ST.
City-St-Zip: ORLANDO, FL 32806

Title: VD ( ) Delete
Name: MEARS, JONATHAN P
Address: 324 W. GORE ST.
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete
Name: SWANN, RICHARD R
Address: 1031 W MORSE BOULEVARD, SUITE 350
City-St-Zip: WINTER PARK, FL 32789

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: EVP (X) Change ( ) Addition
Name: FORD, DANIEL W
Address: 324 W. GORE ST.
City-St-Zip: ORLANDO, FL 32806

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

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY L BAKER CFOS 09/19/2008

Electronic Signature of Signing Officer or Director Date