

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90022 005 ***150.00

DOCUMENT # J10892

1. Entity Name
STRETCHER LIMO, INC.



Principal Place of Business

6030 MASSACHUSETTS AVE
NEW PORT RICHEY, FL 34653-2524 US

Mailing Address

6030 MASSACHUSETTS AVE
NEW PORT RICHEY, FL 34653-2524 US

44033796



03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2680050	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

SPIVEY, JO LYN
6030 MASSACHUSETTS AVE
NEW PORT RICHEY, FL 34653

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SPIVEY, JO LYN
STREET ADDRESS	16003 CHASTAIN RD
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	D
NAME	SMITH, DENNIS
STREET ADDRESS	4740 DURNEY ST
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	D
NAME	SMITH, DOLORES
STREET ADDRESS	4525 Glen Hollow
CITY-ST-ZIP	10005 OLD HICKORY LANE NEW PORT RICHEY, FL 34669 34653
TITLE	D
NAME	SMITH, DOUGLAS R
STREET ADDRESS	6177 MAPLEWOOD
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	D
NAME	SMITH, DAVID J.
STREET ADDRESS	9338 ELIDA RD
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04 727-845-4454

Date

Daytime Phone #