

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J40075

FILED
Apr 30, 2004
Secretary of State

Entity Name: EXECUTIVE LIMOUSINE AND TOUR SERVICES, INC.

Current Principal Place of Business:

310 COUNTY BLVD
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

310 COUNTY BLVD
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-2724096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHMIDT IRENE
310 COUNTRY BLVD
KISSIMMEE, FL 34741 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHMIDT IRENE,
Address: 310 COUNTY BLVD
City-St-Zip: KISSIMMEE, FL

Title: VP () Delete
Name: RUDY, SHAWN
Address: 40 RAINBOW BLVD.
City-St-Zip: BABSON PARK, FL 33827

Title: S () Delete
Name: ADKINS, YVONNE M
Address: 310 COUNTRY BLVD.
City-St-Zip: KISSIMMEE, FL 34741

Title: T () Delete
Name: RUDY, PAUL
Address: 3156 ANTHONY DR.
City-St-Zip: SAINT CLOUD, FL 34771

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IRENE SCHMIDT

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date