

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J40075

FILED
Apr 08, 2009
Secretary of State

Entity Name: EXECUTIVE LIMOUSINE AND TOUR SERVICES, INC.

Current Principal Place of Business:

310 COUNTRY BLVD
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 771583
ORLANDO, FL 32877

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 COUNTRY BLVD
City-St-Zip: KISSIMMEE, FL 34741

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

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

Title: T () Delete
Name: RUDY, PAUL
Address: 2831 E, IRL BRONSON MEMORIAL HWY.
City-St-Zip: KISSIMMEE, FL 34744

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: T (X) Change () Addition
Name: RUDY, PAUL
Address: 614 DEL AIRE COURT
City-St-Zip: KISSIMMEE, FL 34758

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: IRENE SCHMIDT

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date