



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90038 045 ***150.00

DOCUMENT # J85889 1. Entity Name COUNTY LIMOUSINE SERVICES, INC.					
Principal Place of Business 11375 S. MILITARY TRAIL WEST PALM BEACH FL 33415				Mailing Address 1375 S. MILITARY TRAIL WEST PALM BEACH FL 33415	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2837885				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				2nd MOORE CR2E034 (5/05)	
6. Name and Address of Current Registered Agent HAMBY, LOUIS L., III 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>Robert C Fair</i> DATE <i>5 Aug 05</i> <small>Signature, typed or printed name of registered agent and date it applies. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			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.		
TITLE D <input type="checkbox"/> Delete NAME FAIR, ROBERT C STREET ADDRESS 1398 RED PINE TERR CITY-ST-ZIP WEST PALM BEACH FL 33414			TITLE CK 9508 <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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SIGNATURE: <i>Robert C Fair</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5 Aug 05 561-968-6300 <small>Date Daytime Phone #</small>		