
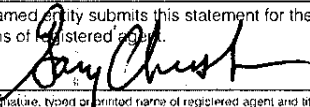
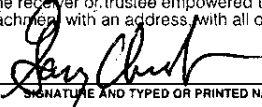


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90004 043 ***150.00

DOCUMENT # K39080 1. Entity Name BOCA GRANDE LIMOUSINE, INC.					
Principal Place of Business 446 - 4TH ST. BOCA GRANDE, FL 33921 US			Mailing Address P.O. BOX 413 BOCA GRANDE, FL 33921		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0089922	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHRISTENSEN, GARY W 2001 GASPARILLA RD UNIT D-15 PLACIDA, FL 33946				Name GARY W. CHRISTENSEN Street Address (P.O. Box Number is Not Acceptable) PO Box 2322 446 4th St., BOCA GRANDE FL 33921	
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 				DATE 6-3-04	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, GARY W		NAME	GARY W. CHRISTENSEN	
STREET ADDRESS	2001 GASPARILLA RD, UNIT D-15		STREET ADDRESS	446 4th St.,	
CITY-ST-ZIP	PLACIDA, FL 33946		CITY-ST-ZIP	BOCA GRANDE, FL 33921	
TITLE	<input type="checkbox"/> Delete		TITLE	VP	
NAME			NAME	DEVAN J. CHRISTENSEN	
STREET ADDRESS			STREET ADDRESS	115 N. PORTIA ST.	
CITY-ST-ZIP			CITY-ST-ZIP	NOKOMIS, FL 34925	
TITLE	<input type="checkbox"/> Delete		TITLE	TRES.	
NAME			NAME	LEAH M. CHRISTENSEN	
STREET ADDRESS			STREET ADDRESS	#1 DELAWARE EAST APT 29F	
CITY-ST-ZIP			CITY-ST-ZIP	CHICAGO, ILL 60611	
TITLE	<input type="checkbox"/> Delete		TITLE	SEC.	
NAME			NAME	TANRE R. CHRISTENSEN	
STREET ADDRESS			STREET ADDRESS	14450 MALLARD LANE	
CITY-ST-ZIP			CITY-ST-ZIP	LOCKPORT, ILL 60461	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			DATE 6-4-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GARY CHRISTENSEN (P)			Daytime Phone # 941-964-0455		

44046453



03142003 Chg-P CR2E034 (10/03)

6-3-04

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

GARY W. CHRISTENSEN
446 4th St.,
BOCA GRANDE, FL 33921

VP
DEVAN J. CHRISTENSEN
115 N. PORTIA ST.
NOKOMIS, FL 34925

TRES.
LEAH M. CHRISTENSEN
#1 DELAWARE EAST APT 29F
CHICAGO, ILL 60611

SEC.
TANRE R. CHRISTENSEN
14450 MALLARD LANE
LOCKPORT, ILL 60461

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition