2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 12, 2004 8:00 am Secretary of State **DOCUMENT # L22975** 01-12-2004 90021 024 ***150.00 CHECKER CAB COMPANY OF ORLANDO, INC. Principal Place of Business · · Mailing Address 324 W. GORE ST 324 W. GORE ST ORLANDO, FL 32806 ORLANDO, FL 32806 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3017480 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWANN, HADLEY & ALXABEZ PA 1031 W. MORSE BLVD SUITE 160 350 WINTER PARK, FL 32789 Street Address (P.O. Box Number is Not Acceptable) City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Detete ☐ Change ☐ Addition TITLE TITLE MEARS, PAUL S JR NAME NAME 324 W GORE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP E۷ ☐ Delete ☐ Change ☐ Addition SEARCY, ROBERT A. NAME NAME STREET ADORESS 324 W GORE ST STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP D۷ ☐ Change TITLE ☐ Addition TITLE ☐ Delete MEARS, JONATHAN P., NAME NAME STREET ADDRESS 324 W GORE ST STREET ADDRESS CITY-ST-ZIF ORLANDO, FL CITY-ST-ZIP ☐ Change ☐ Addition ŦΠΙF DCOR ☐ Delete MEARS, PAUL S., SR. NAME 324 W GORE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP Change ■ Addition Delete TITLE

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 eath; 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.

NAME

TITLE

NAME

Defete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: - water

NAME STREET ADORESS

TITL F

CITY-ST-ZIP

STREET ADDRESS

MEARS, JAMES L.

BAKER, TIMOTHY L

324 W. GORE ST.

ORLANDO, FL

324 W GORE ST

ORLANDO, FL **CFOS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy L. Baker

1/5/03

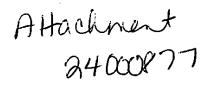
407-422-4561

FILED

Daytime Phone #

☐ Change

Addition



Document #L22975

Entity Name: CHECKER CAB COMPANY OF ORLANDO, INC.

Officers and Directors:

T Charles E. Carns, Jr. 324 W Gore Street Orlando, FL 32806