


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M72307**

1. Entity Name  
**CAPTAIN LIMOUSINE SERVICES, INC.**




Principal Place of Business      Mailing Address  
**C/O LAURIER CHASSE**      **C/O LAURIER CHASSE**  
**112 N.E. 4TH AVE.**      **112 N.E. 4TH AVE.**  
**DEERFIELD BEACH, FL 33441**      **DEERFIELD BEACH, FL 33441**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



03072005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0078069**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

**CHASSE, LAURIER**      Name  
**112 N.E. 4TH AVE.**      Street Address (P.O. Box Number is Not Acceptable)  
**DEERFIELD BEACH, FL 33441**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

**FILE NOW!!! FEE IS \$150.00**      9. Election Campaign Financing      **\$5.00** May Be  
**After May 1, 2005 Fee will be \$550.00**      Trust Fund Contribution.       Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CHASSE, LAURIER 112 N.E. 4TH AVE. DEERFIELD BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  U00000292010 04/07/05-80054-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHASSE, MONIQUE 112 N.E. 4TH AVE. DEERFIELD BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X Laurier Chasse      4/01/05      954/571-9659  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #