

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90029 007 ***150.00

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1. Entity Name
FLORIDA KEYS TAXI DISPATCH 2000, INC.



Principal Place of Business
6631 MALONEY AVE.
KEY WEST, FL 33040

Mailing Address
6631 MALONEY AVE.
KEY WEST, FL 33040

40043000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-1048372

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SAUNDERS, SCOTT CPA
6631 MALONEY AVE.
KEY WEST, FL 33040

Name
Saunders, Scott CPA
Street Address (P.O. Box Number is Not Acceptable)

412 White Street

City Key West

FL

Zip Code 33040

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DOELMAN, JAN
STREET ADDRESS 615 AMELIA STREET
CITY-ST-ZIP KEY WEST, FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME SAUNDERS, SCOTT
STREET ADDRESS 4 COCONUT DRIVE
CITY-ST-ZIP KEY WEST, FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME STEVENSON, GLENN
STREET ADDRESS 615 AMELIA STREET
CITY-ST-ZIP KEY WEST, FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME CRAIN, KATHERINE M
STREET ADDRESS 6631 MALONEY AVE.
CITY-ST-ZIP KEY WEST, FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08

Date

305 294-5205

Daytime Phone #