



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90057 034 ***150.00

DOCUMENT # P01000005841																													
1. Entity Name CENTRAL TAXI INC.																													
Principal Place of Business 3850 NORTH HIGHWAY 19A MOUNT DORA, FL 32757			Mailing Address 3850 M HWY 19A MT DORA, FL 32757																										
2. Principal Place of Business 14330 BEVERLY DR Suite, Apt. #, etc.		3. Mailing Address Post Office Box 1514 Suite, Apt. #, etc.																											
City & State ASTATULA FL		City & State Mount Dora FL		03062004 Chg-P CR2E034 (10/03)																									
Zip FL		Country 34705		4. FEI Number 59-3695934																									
Zip FL		Country 32756		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MARTIN, PAUL 3850 NORTH HIGHWAY 19A MT DORA, FL 32757			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">PD</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MARTIN, POLLY E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3850 N HIGHWAY 19A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MT DORA, FL 32757</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	MARTIN, POLLY E		STREET ADDRESS	3850 N HIGHWAY 19A		CITY-ST-ZIP	MT DORA, FL 32757		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14330 Beverly Drive</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Astatula, FL 34705</td> </tr> </table>			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	14330 Beverly Drive	CITY-ST-ZIP	Astatula, FL 34705				
TITLE	PD	<input type="checkbox"/> Delete																											
NAME	MARTIN, POLLY E																												
STREET ADDRESS	3850 N HIGHWAY 19A																												
CITY-ST-ZIP	MT DORA, FL 32757																												
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																												
NAME																													
STREET ADDRESS	14330 Beverly Drive																												
CITY-ST-ZIP	Astatula, FL 34705																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">VD</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MARTIN, PAUL S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3850 N HIGHWAY 19A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MT DORA, FL 32757</td> <td></td> </tr> </table>			TITLE	VD	<input type="checkbox"/> Delete	NAME	MARTIN, PAUL S		STREET ADDRESS	3850 N HIGHWAY 19A		CITY-ST-ZIP	MT DORA, FL 32757		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14330 Beverly Drive</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Astatula, FL 34705</td> </tr> </table>			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	14330 Beverly Drive	CITY-ST-ZIP	Astatula, FL 34705				
TITLE	VD	<input type="checkbox"/> Delete																											
NAME	MARTIN, PAUL S																												
STREET ADDRESS	3850 N HIGHWAY 19A																												
CITY-ST-ZIP	MT DORA, FL 32757																												
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																												
NAME																													
STREET ADDRESS	14330 Beverly Drive																												
CITY-ST-ZIP	Astatula, FL 34705																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<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																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<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																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<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																													
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: _____ 3-12-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													