

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P0100Q011554 1. Entity Name PRIVATE CAR LUXURY TRANSPORTATION, INC.	
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Principal Place of Business 22860 FOREST RIDGE DRIVE ESTERO, FL 33928	Mailing Address 22860 FOREST RIDGE DRIVE ESTERO, FL 33928
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DO NOT WRITE IN THIS SPACE



03202004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2291051	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARCHIONE, RALPH 22860 FOREST RIDGE DRIVE ESTERO, FL 33928	DO NOT WRITE IN THIS SPACE
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHIONE, RALPH 22860 FOREST RIDGE DRIVE ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARCHIONE, STACEY 22860 FOREST RIDGE DRIVE ESTERO, FL 33928
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04/01/04-80005-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ralph A. Marchione 3/30/04 239-948-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #