2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90436 015 ***150.00

DOCUMENT # P01000050449

1. Entity Name
HOLLYWOOD LIMOUSINE, INC.

Principal Place of Business	Mailing Address
330 POINSETTA ST. INDIALANTIC, FL 32903	PO BOX 33151 INDIALANTIC, FL 32903

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1130 South Harbor City Blvd.	P.O. Box 33151
Suite, Apt. #, etc.: B	Suite, Apt. #, etc.
City & State: Melbourne, FL.	City & State: Indialantic, FL.
Zip: 32901 Country: Brevard	Zip: 32903 Country: Brevard

4. FEI Number 59-3720948 ☐ Applied For ☐ 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
DRONZEK, JOHN K 330 POINSETTA ST. INDIALANTIC, FL 32903	Name Street Address (P.O. Box Number is Not Acceptable) 1130 Harbor City Blvd. #B City Melbourne FL Zip Code 32901

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	Change ☐ Addition
NAME	DRONZEK, JOHN K	NAME	
STREET ADDRESS	330 POINSETTA ST.	STREET ADDRESS	1130 S. Harbor City Blvd #B.
CITY-ST-ZIP	INDIALANTIC, FL 32903	CITY-ST-ZIP	Melbourne, FL. 32901
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] John K. Dronzek 04/30/04 321-777-9009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #