

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000065427

FILED
Apr 11, 2008
Secretary of State

Entity Name: IMMACULATE LIMOUSINE, INC.

Current Principal Place of Business:

4607 W. FIG ST
UNIT # 104
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4607 W. FIG ST
UNIT #104
TAMPA, FL 33609

New Mailing Address:

FEI Number: 30-0009841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCAGLIONE, JOHN JR
4607 W. FIG ST
UNIT #104
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: SCAGLIONE, J. JOHN JR
Address: 4607 W. FIG ST UNIT #104
City-St-Zip: TAMPA, FL 33609

Title: DS () Delete
Name: MIDULLA, PEARL
Address: 315 N. MATANZAS AVE
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: SCAGLIONE, JOHN JR
Address: 4607 W. FIG ST UNIT #104
City-St-Zip: TAMPA, FL 33609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. JOHN SCAGLIONE, JR.

OWNE

04/11/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date