2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000107915

1. Entity Name
FORT WALTON BEACH TAXI, INC.

FILED Mar 29, 2004 08:00 AM Secretary of State

Principal Place of Business
75 PISCES DR.
SANTA ROSA BEACH, FL 32459

Mailing Address
75 PISCES DR.
SANTA ROSA BEACH, FL 32459

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03232004

No Chg-P

CR2E034 (10/03)

E District of District	- \$8.7	5 Addi	tional
73-1640261		Not	Applicable
4. FEI Number		Apr	lied For

5. Certificate of Status Desired

\$8.75 Addition Fee Required

6. Name and Address of Current Registered Agent

WHITEHEAD, R. SCOTT ESQ WEIMORTS & WHITEHEAD, P.A. 4507 FURLING LN., STE. 209 DESTIN, FL 32541

SIGNATURE:

DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

9 The of our	named action a desire this statement for the	and the second			sh to the Chale of Chaids (on familian ish and annual
	named entity submits this statement for the plants of registered agent.	ourpose of changing its register	ea office of f	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	If applicable. (NOTE, Registere	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
RITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAMBLESS, REX 75 PISCES DR SANTA ROSA BEACH, FL 32459		; ;		000000097716 03/29/04-80012-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAMBLESS, DESAREY L 75 PISCES DR SANTA ROSA BEACH, FL 32459				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
title Name Street address City-St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-Z/P					
12. I hereby of indicated of the corchanged.	perify that the information supplied with this f on this report or supplemental report is true a poration or the receiver or trustee empowere or on an attachment with an address, with a	illing does not qualify for the exe and accurate and that my signal d to execute this report as requi il other like empowered.	mption state ture shall have red by Chap	d in Section 119.07(3) ve the same legal effe iter 607, Florida Statut	(i), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if