


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90020 048 \*\*\*150.00

<b>DOCUMENT # P02000026038</b>		
1. Entity Name <b>A &amp; G LIMOUSINE, INC.</b>		

Principal Place of Business <b>475 NW RAYMOND LANE PORT SAINT LUCIE, FL 34983</b>	Mailing Address <b>475 NW RAYMOND LANE PORT SAINT LUCIE, FL 34983</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>04-3622744</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



02082005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  <b>SILVESTRI, ADOLPH 4685 HAVERHILL RD A4 WEST PALM BEACH, FL 33417</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>475 NW Raymond Lane</b>  City <b>Port Saint Lucie</b> <b>FL</b> Zip Code <b>34983</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P SILVESTRI, ADOLPH JR 4685 HAVERHILL RD WEST PALM BEACH, FL 33417</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>475 NW Raymond Lane Port Saint Lucie, FL 34983</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X Adolph Silvestri Jr.** **2-17-05** **772-871-1522**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #