

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90096 045 ***150.00

DOCUMENT # P02000051052					
1. Entity Name PRESTIGE LIMOUSINE SERVICE, INC.					
Principal Place of Business 1358 FOUNTAIN VIEW DR ROCKLEDGE, FL 32955			Mailing Address 1358 FOUNTAIN VIEW DR ROCKLEDGE, FL 32955		
2. Principal Place of Business 5779 CHESHIRE DRIVE Suite, Apt. #, etc.		3. Mailing Address 5779 CHESHIRE DRIVE Suite, Apt. #, etc.			
City & State TITUSVILLE FL		City & State TITUSVILLE FL		4. FEI Number 03-0448442	
Zip 32780		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUDDEMEYER, RONALD C 1358 FOUNTAIN VIEW DR ROCKLEDGE, FL 32955			7. Name and Address of New Registered Agent Name <u>SAME AGENT</u> Street Address (P.O. Box Number is Not Acceptable) <u>5779 CHESHIRE DRIVE</u> City <u>TITUSVILLE</u> <u>FL</u> Zip Code <u>32780</u>		
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 <u>Ronald C. Buddemeyer</u> <u>RONALD C. BUDDEMEYER</u> <u>4-4-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDDEMEYER, RONALD C 1358 FOUNTAIN VIEW DR ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5779 CHESHIRE DRIVE TITUSVILLE FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDDEMEYER, ELIZABETH L 1358 FOUNTAIN VIEW DR ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5779 CHESHIRE DRIVE TITUSVILLE FL 32780	<input checked="" 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
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: <u>Elizabeth L. Buddemeyer</u> <u>ELIZABETH L. BUDDEMEYER</u> <u>4-4-05</u> <u>321-433-3110</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					