2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
May 02, 2006 8:00 am
Secretary of State

03-30-2006 90032 002 *****8.75
05-02-2006 90208 001 ***141.25

DOCUMENT # P02000074931

1. Entity Name

FLORY LIMOUSINE SERVICE, INC.

Principal Place of Business	Mailing Address
4513 ORANGE GROVE BOULEVARD N. FORT MYERS FL 33903	4513 ORANGE GROVE BOULEVARD N. FORT MYERS FL 33903

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
1414 SE 22nd St	1414 SE 22nd ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral, FL	City & State: Cape Coral, FL
Zip: 33990 Country: USA	Zip: 33990 Country: USA

4. FEI Number 82-0553858 ☐ 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
FLORY, CHARLES R 4513 ORANGE GROVE BOULEVARD N. FORT MYERS FL 33903	Name: Eric Liebl Street Address (P.O. Box Number is Not Acceptable): 1414 SE 22nd St City: Cape Coral FL Zip Code: 33990

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.

X SIGNATURE _____
Signature (type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mailed) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	P FLORY, CHARLES R 4513 ORANGE GROVE BLVD. FORT MYERS FL 33902 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Eric Liebl 1414 SE 22nd St Cape Coral, FL 33990 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST FLORY, MARY R 4513 ORANGE GROVE BLVD. FORT MYERS FL 33902 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

X **SIGNATURE:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #