## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P02000086062

Entity Name: EQUINE LIMOUSINE, INC.

FILED Jun 23, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4880 NE 132ND PLACE 2831 NW 68TH AVE. ANTHONY, FL 32617 CCALA, FL 34482

Current Mailing Address: New Mailing Address:

4880 NE 132ND PLACE 2831 NW 68TH AVE. ANTHONY, FL 32617 CCALA, FL 34482

FEI Number: 02-0642933 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WICKS, KARLA

4880 NE 132ND PLACE

ANTHONY, FL 32617 US

BECHTOLD, BRUCE

2831 NW 68TH AVE.

OCALA, FL 34482 US

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: BRUCE BECHTOLD 06/23/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 BECHTOLD, BRUCE
 Name:
 BECHTOLD, BRUCE

 Address:
 4880 NE 132ND PLACE
 Address:
 2831 NE 68TH AVE

 City-St-Zip:
 ANTHONY, FL 32617
 City-St-Zip:
 OCALA, FL 34482

Title: SVP (X) Delete Title: ( ) Change ( ) Addition

 Name:
 WICKS, KARLA
 Name:

 Address:
 4880 NE 132ND PLACE
 Address:

 City-St-Zip:
 ANTHONY, FL 32617
 City-St-Zip:

Title: V (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HOCHBERG, GARY
 Name:

 Address:
 5799 ORANGE DRIVE
 Address:

 City-St-Zip:
 DAVIE, FL 33314
 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: BRUCE BECHTOLD P 06/23/2008