## 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P02000093809 1. Entity Name AMERICAN CAB COMPANY, INC. Principal Place of Business 2 DAVID ST. UNIT E FORT WALTON BEACH, FL 32547 DO NOT WRITE IN THIS SPACE

FILED
Jan 08, 2007 08:00 AM
Secretary of State



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DO NOT WRITE IN THIS SPAC			UE.	4. FEI Numbe 52-2374		Applied For Not Applicable
			5 Certificate of Status Decired \$8.75 Additional			
<del></del>	6. Name and Address of Current Regis	lend Agent		J. Certificate	OI DIAIDS DOSIIGO	Fee Required
C. Halle and Address of Odiffell Registered Agent						
JAMES W. MIDDLETON, P.A. 216 HOSPITAL DRIVE NE			DO NOT WRITE			
FORT WALTON BEACH, FL 32548			IN THIS SPACE			
			IN THIS SPACE			
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			4 Agent signature requ	lined when reinstating)		DATE
<del></del>						
	E NOWIII FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.		55.00 May Be added to Fees		
10.	OFFICERS AND DIREC	CTORS	<b>.</b>			
TITLE	P PODERTA C DREE	ı	Ī			
NAME STREET ADDRESS	KYSER, ROBERTA C PRES. 219 NEWCASTLE DRIVE					
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		Į			
TITLE	V		1		U000000	577306 30012-005 150.00
NAME	KYSER, TERRELL D				01/08/07-	30012-005 150.UU
STREET ADDRESS	219 NEWCASTLE DR.					
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		,			
TITLE	s					i
NAME	BRYANT, AMY E					
STREET ADDRESS	716 MARY AVE.			DO	<b>NOT W</b>	RITE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		ł			·
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	eartiful that the information pumplied with this si	ling does not qualify the the ave	mations postsis	and in Chapter 110	Elevido Statuto - 11	further positive that the information
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information						

142. The early that are thiormalion supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that I am an officer or director 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:

MULE BUYANT AND E BY ANT BONATURE AND TYPED OR PRINTED NAME OF BUGHING OFFICER OF DIRECTOR

1-04-07

<u>850-796-1999</u>