

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90002 010 ***150.00

DOCUMENT # P02000108724 1. Entity Name ISLANDS ELITE LIMOUSINE, INC.					
Principal Place of Business 25 FLORIDA PARK DR. STE E PALM COAST, FL 32137			Mailing Address 25 FLORIDA PARK DR. STE E PALM COAST, FL 32137		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 14-1850050	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, JEROME D ESQ 400 S PALMETTO AVE DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <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 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALLE, BRIAN		NAME		
STREET ADDRESS	25 FLORIDA PARK DR, STE E		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	TS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALLE, ASHLEE		NAME		
STREET ADDRESS	25 FLORIDA PARK DR, STE E		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	V		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAPEHEART, SHAWN		NAME		
STREET ADDRESS	25 FLORIDA PARK DR, STE E		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Ashlee Salle</i>			ASHLEE SALLE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

34060791



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386-447-7790