2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90024 011 ***158.75

DOCUMENT # P02000112931

1. Entity Name
MIKE'S MOVING & LIMOUSINE SERVICE, INC.

Principal Place of Business
1630 A OLD BAINBRIDGE
TALLAHASSEE, FL 32303

Mailing Address
~~1630 A OLD BAINBRIDGE~~ 1630A Old Bainbridge Rd g2
~~TALLAHASSEE, FL 32303~~ Tall, Fl 32303
~~1250 Shiloh~~

24019940

01302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0568719

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~MONTI, R.J.~~
~~743 RED FERN RD~~
~~TALLAHASSEE, FL 32308~~ ~~Helen Vaughn~~ Gretchen Tubolino
~~P.O. Box 232~~ 1630 A Old Bainbridge Rd
~~Panacea, FL 32346~~ Tall, Fl 32303

DO NOT WRITE 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] 3/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE	P
NAME	VAUGHN, MIKE
STREET ADDRESS	1630 A OLD BAINBRIDGE RD
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	VP
NAME	GRETCHEN, TUBULINO
STREET ADDRESS	2929 GULFWIND DR S
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	TVP
NAME	~~MONTI, R.J.~~ Remove
STREET ADDRESS	~~743 RED FERN RD~~ Gretchen Tubolino VP
CITY-ST-ZIP	~~TALLAHASSEE, FL 32303~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: [signature] VP 3/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date