

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000000862

FILED
Mar 16, 2009
Secretary of State

Entity Name: CLASSIC LIMOS-TRAVEL CONSULTING INC.

Current Principal Place of Business:

185 OLD NAILS RD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

185 OLD NAILS RD
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 50-0008579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, LINDA
193 OLD NAILS RD
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARTER, LINDA
Address: 193 OLD NAILS RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V () Delete
Name: CARTER, KENNETH
Address: 193 OLD NAILS RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S () Delete
Name: CARTER, LINDA
Address: 193 OLD NAILS RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: CARTER, LINDA
Address: 193 OLD NAILS RD
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: LINDA CARTER

T

03/16/2009

Electronic Signature of Signing Officer or Director

Date