
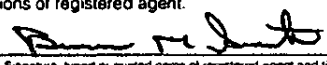



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

03-19-2004 90030 034 ***150.00

DOCUMENT # P03000029495					
1. Entity Name EXECUTIVE LIMOUSINE SERVICES OF GINESVILLE, INC.					
Principal Place of Business PO BOX 450 GAINESVILLE FL 32602			Mailing Address PO BOX 450 GAINESVILLE FL 32602		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 11-3715370	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, BRUCE M 2622 NW 43RD STREET STE C-5 GAINESVILLE FL 32602			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 		Bruce M. Smith		3/18/2004	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
* FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DPT	NAME SMITH, BRUCE M		<input type="checkbox"/> Delete		
STREET ADDRESS PO BOX 450	GAINESVILLE FL 32602		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP	GAINESVILLE FL 32602		CITY - ST - ZIP		
TITLE DVS	NAME SMITH, HATTIE MAE		<input type="checkbox"/> Delete		
STREET ADDRESS 109-25 MERRICK BLVD	JAMAICA NY 11493		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP	JAMAICA NY 11493		CITY - ST - ZIP		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Delete		
CITY - ST - ZIP	CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Delete		
CITY - ST - ZIP	CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Delete		
CITY - ST - ZIP	CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Delete		
CITY - ST - ZIP	CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		Bruce M. Smith		3/18/2004	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

(352) 3775085