

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 08:00 A
Secretary of State

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 11-3715370	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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 this State of Florida. I am familiar with and accept the obligations of registered agent. SIGNATURE <u>Bruce M. Smith</u> DATE <u>2/28/2008</u> <small>Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered agent's signature required when removing agent)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPT SMITH, BRUCE M PO BOX 450 GAINESVILLE FL 32602		TITLE NAME STREET ADDRESS CITY- ST- ZIP	0000000843674 03/12/08-80005-002 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVS SMITH, HATTIE MAE 109-25 MERRICK BLVD JAMAICA NY 11433		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 this 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

2/28/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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