2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029495

FILED Apr 08, 2009 Secretary of State

Entity Name: EXECUTIVE LIMOUSINE SERVICES OF GINESVILLE, INC.

Current Principal Place of Business: New Principal Place of Business: PO BOX 450 2622 N. W. 43RD STREET GAINESVILLE, FL 32602 SUITE C-5 GAINESVILLE, FL 32606 **Current Mailing Address: New Mailing Address:** PO BOX 450 GAINESVILLE, FL 32602 FEI Number: 11-3715370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, BRUCE M 2622 NW 43RD STREET STE C-5 GAINESVILLE, FL 32602 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SMITH, BRUCE M Name: Name: PO BOX 450 Address: Address: City-St-Zip: GAINESVILLE, FL 32602 City-St-Zip: Title: DVS () Delete Title: () Change () Addition Name: SMITH, HATTIE MAE Name: 109-25 MERRICK BLVD Address: Address: JAMAICA, NY 11433 City-St-Zip: 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: BRUCE M. SMITH OFFI 04/08/2009