


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90001 029 ***150.00

DOCUMENT # P03000034476	
1. Entity Name SPACE COAST LIMOUSINE SERVICES, INC.	

Principal Place of Business 1357 SOUTH BANANA RIVER DRIVE UNIT 28 MERRITT ISLAND, FL 32952	Mailing Address 1357 SOUTH BANANA RIVER DRIVE UNIT 28 MERRITT ISLAND, FL 32952
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54069922

2. Principal Place of Business 130 BURK CIRCLE	3. Mailing Address 130 BURK CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WINTER PARK, FL	City & State WINTER PARK, FL
Zip 32789	Country
Country	Zip 32789
Country	Country



08062004 Chg-P CR2E034 (10/03)

4. FE Number 63-1186355	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VENUTI, LOUIS 400 ORANGE STREET TITUSVILLE, FL 32769		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, MICHAEL P 1357 SOUTH BANANA RIVER DRIVE UNIT 28 MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 130 BURK CIRCLE WINTER PARK, FL 32789-5210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S' AFIEN J. CASEY 130 BURK CIRCLE WINTER PARK, FL 32789-5210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: Michael Porter **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: _____ Daytime Phone #: _____

Attachment

54069922
#P03000034476

SPACE COAST LIMOUSINE SERVICES, INC.
130 BURK CIRCLE
WINTER PARK, FL 32789

AUGUST 18, 2004

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

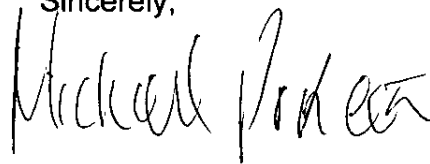
Attention: Ms. Glenda E. Hood

Dear Ms Hood,

It was never my intent to let my corporation go to dissolution. I relied upon a professional to guide me through this process. I never received any correspondence from your office. I am asking for your help in accepting the normal fee of \$150.00 (enclosed check).

Thank you in advance for any consideration you may give me.

Sincerely,



Michael Porter
President
SPACE COAST LIMOUSINE
SERVICES INC