

**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

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-

Zip
32789

Country

4. FEIN Number
65-1186355

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(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. **\$5.00** May Be
Added to Fees

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

130 BURK CIRCLE
WINTER PARK, FL 32789-5210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S' ALEX J. CASEY
130 BURK CIRCLE
WINTER PARK, FL 32789-5210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

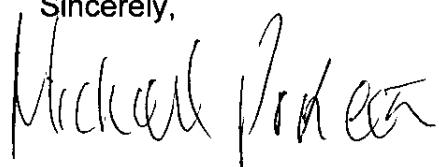
Attention: Ms. Glenda E. Hood

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