

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-26-2004 90578 050 ***150.00

DOCUMENT # P03000087550

1. Entity Name

A SIGNATURE LIMOUSINE, INC.



Principal Place of Business

10396 TIMBERCREST ROAD
SPRING HILL FL 34608
US

Mailing Address

10396 TIMBERCREST ROAD
SPRING HILL FL 34608
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 6368

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Spring Hill, FL 34611

Zip

Country

Zip

34611

Country

USA

4. FEI Number

EIN 73-1676256

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

WAGONER, PATSY
10396 TIMBERCREST ROAD
SPRING HILL FL 34608

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

Patsy Wagoner

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME WAGONER, PATSY
STREET ADDRESS 10396 TIMBERCREST ROAD
CITY-ST-ZIP SPRING HILL FL 34608

TITLE P/S/C ☒ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME WAGONER, RYAN
STREET ADDRESS 10396 TIMBERCREST ROAD
CITY-ST-ZIP SPRING HILL FL 34608

TITLE VP/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ETC ☐ Delete
NAME WAGONER, MICHAEL
STREET ADDRESS 10396 TIMBERCREST ROAD
CITY-ST-ZIP SPRING HILL FL 34608

TITLE T/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Patsy Wagoner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/04 352 797-7067