

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132383

FILED
Mar 23, 2004
Secretary of State

Entity Name: FIRST CLASS LIMOUSINES OF NORTH FLORIDA INC

Current Principal Place of Business:

7300 BEACH BLVD
SUITE 4
JACKSONVILLE, FL 32216

New Principal Place of Business:

114 SOUTH 6TH AVE
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

6335 BAY RIDGE RD
JACKSONVILLE, FL 32216

New Mailing Address:

114 SOUTH 6TH AVENUE
JACKSONVILLE BEACH, FL 32250

FEI Number: 20-0396289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EAGERTON, CONNIE R
1147 6TH AVE SOUTH
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

EAGERTON, CONNIE R
114 6TH AVE SOUTH
JACKSONVILLE, FL 32250 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: CONNIE R EAGERTON

03/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ABERCROMBIE, BRENDA T
Address: 6335 BAY RIDGE RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP (X) Delete
Name: EAGERTON, CONNIE R
Address: 114 6TH AVE SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: EAGERTON, CONNIE R
Address: 114 SOUTH 6TH AVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CONNIE EAGERTON

P

03/23/2004

Electronic Signature of Signing Officer or Director

Date