

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90084 041 ***158.75

DOCUMENT # P04000002239					
1. Entity Name BAY LIMOUSINE OF THE SOUTH, INC.					
Principal Place of Business 510 OAK AVENUE NICEVILLE, FL 32578			Mailing Address 510 OAK AVENUE NICEVILLE, FL 32578		
2. Principal Place of Business 215 Twin Lakes		3. Mailing Address P.O. Box 312			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Destin, FL		City & State Destin, FL			
Zip 32541		Zip 32540			
Country USA		Country USA		03082005 Chg-P CR2E034 (10/03)	
4. FEI Number 20-0660936				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSS, WAYNE 510 OAK AVENUE NICEVILLE, FL 32578			7. Name and Address of New Registered Agent Name CHARLES E. CARROLL Street Address (P.O. Box Number is Not Acceptable) 215 Twin Lakes Destin, FL 32541		
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		Charles E. Carroll		3-9-05	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PTD CARROLL, CHARLES E <input type="checkbox"/> Delete 510 OAK AVENUE NICEVILLE, FL 32578		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CARROLL, CHARLES E. 215 Twin Lakes Destin, FL 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete MOSS, WAYNE 510 OAK AVENUE NICEVILLE, FL 32578		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	
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: Charles E. Carroll 3-9-05					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					