

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90320 032 ***150.00

DOCUMENT # P04000003529

1. Entity Name
BJD TOWNCAR TRANSPORTATION, INC.



Principal Place of Business
**1102 CALLA ST
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**1102 CALLA ST
ALTAMONTE SPRINGS, FL 32714**

50037419



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092005

Chg-P

CR2E034 (10/03)

4. FEI Number

54-2142126

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

**DROHAN, BRIAN
1102 CALLA ST
ALTAMONTE SPRINGS, FL 32714**

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 DROHAN, BRIAN
STREET ADDRESS 1102 CALLA ST
CITY- ST- ZIP ALTAMONTE SPRINGS, FL 32714

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

TITLE VP ☐ Delete
NAME DROHAN, CATHERINE
STREET ADDRESS 1102 CALLA ST
CITY- ST- ZIP ALTAMONTE SPRINGS, FL 32714

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

TITLE T ☐ Delete
NAME BESILE, FRANK
STREET ADDRESS P O BOX 72
CITY- ST- ZIP RIFTON, NY 12471

TITLE T ☒ Change ☐ Addition
NAME BASILE, FRANK
STREET ADDRESS 2 PENDERGAST DR.
CITY- ST- ZIP RIFTON, NY 12471

TITLE S ☐ Delete
NAME DROHAN, JENNIFER
STREET ADDRESS 105 E 16TH ST, #3N
CITY- ST- ZIP NEW YORK, NY 10003

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

TITLE M ☐ Delete
NAME BASILE, PETER
STREET ADDRESS 266 E HORNBEAM DR
CITY- ST- ZIP LONGWOOD, FL 32779

TITLE ☐ 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

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

4/10/05

Date

407-353-4278

Daytime Phone #