## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000006254

Entity Name: YELLOW CAB OF SOUTHWEST FLORIDA, INC.

FILED Mar 31, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4775 MERCANTILE AVENUE #1 NAPLES, FL 34104

Current Mailing Address: New Mailing Address:

4775 MERCANTILE AVENUE #1 NAPLES, FL 34104

FEI Number: 20-0597112 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHULTHEIS, DALE
4775 MERCANTILE AVE
1
NAPLES, FL 34104 US
SCHULTHEIS, ILZE
4775 MERCANTILE AVE
1
NAPLES, FL 34104 US
NAPLES, FL 34104 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.

City-St-Zip:

SIGNATURE: ILZE SCHULTHEIS 03/31/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VP,D
 ( ) Delete
 Title:
 P,D
 (X) Change ( ) Addition

 Name:
 SCHULTHEIS, DALE
 Name:
 SCHULTHEIS, ILZE

 Address:
 6100 ADKINS AVENUE
 Address:
 6100 ADKINS AVENUE

 6100 ADKINS AVENUE
 Address:
 6100 ADKINS AVENUE

 NAPLES, FL 34112
 City-St-Zip:
 NAPLES, FL 34112

Title: P,D ( ) Delete Title: VP,D (X) Change ( ) Addition

 Name:
 SCHULTHEIS, ILZE
 Name:
 SCHULTHEIS, DALE

 Address:
 6100 ADKINS AVENUE
 Address:
 6100 ADKINS AVENUE

 City-St-Zip:
 NAPLES, FL 34112
 City-St-Zip:
 NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ILZE SCHULTHEIS P.D. 03/31/2008