

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT #P04000032997		
1. Entity Name DELAND TAXI, INC.		

Principal Place of Business 153 CRYSTAL OAK DR DELAND FL 32720	Mailing Address 153 CRYSTAL OAK DR DELAND FL 32720
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-1134080	Applied For ☐ Not Applied
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FOSTER, ROBERT R 108 W RICH AVE DELAND FL 32720		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when consenting) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May
Trust Fund Contribution. ☐ Added to Fee

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	CUTTS, SANFORD E			NAME			
STREET ADDRESS	153 CRYSTAL OAK DR			STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32720			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	CUTTS, JUANITA E			NAME			
STREET ADDRESS	153 CRYSTAL OAK DR			STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32720			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change ☐ Add	
NAME	MORLEY, PAUL			NAME			
STREET ADDRESS	8100 S HARTFORD RD			STREET ADDRESS			
CITY-ST-ZIP	BALTIMORE MD			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Sanford E Cutts* **Sanford E CUTTS 4-10-06 386-7364**