

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119817

FILED  
Mar 22, 2005  
Secretary of State

Entity Name: MAJESTIC LIMOUSINE SERVICE OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

6833-3 PHILLIPS INDUSTRIAL BLVD  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

6833-3 PHILLIPS INDUSTRIAL BLVD  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 20-1522204

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARKER & BARKER PA  
4244 ST JOHNS AVENUE  
JACKSONVILLE, FL 32210 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FINN, J. KEVIN  
Address: 6833-3 PHILLIPS INDUSTRIAL BLVD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: FINN, JANICE E  
Address: 6833-3 PHILLIPS INDUSTRIAL BLVD  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FINN, J. KEVIN  
Address: 6833-3 PHILLIPS INDUSTRIAL BLVD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP (X) Change ( ) Addition  
Name: FINN, JANICE E  
Address: 6833-3 PHILLIPS INDUSTRIAL BLVD  
City-St-Zip: JACKSONVILLE, FL 32256

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: JOHN KEVIN FINN

PRES

03/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date