



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90453 030 ***158.75

DOCUMENT # P04000126878					
1. Entity Name CLASSY TAXI INCORPORATED					
Principal Place of Business 8555 BAYMEADOWS WAY JACKSONVILLE, FL 32256			Mailing Address 8555 BAYMEADOWS WAY JACKSONVILLE, FL 32256		
2. Principal Place of Business 8555 BAYMEADOWS WAY Suite, Apt. #, etc. #108		3. Mailing Address 8555 BAYMEADOWS WAY Suite, Apt. #, etc. #108			
City & State JACKSONVILLE, Florida		City & State JACKSONVILLE, Florida		4. FEI Number 20-1611473	
Zip 32256		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUHAMMAD, DESMOND 8555 BAYMEADOWS WAY - # 108 JACKSONVILLE, FL 32256				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	PRESIDENT <input type="checkbox"/> Delete DESMOND MUHAMMAD 8555 BAYMEADOWS WAY JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition DESMOND MUHAMMAD 8555 BAYMEADOWS WAY JACKSONVILLE, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT <input type="checkbox"/> Delete TRENTON WILLIAMS 612 VERNON STREET MANCHESTER, GA 31816		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition TRENTON WILLIAMS 612 VERNON STREET MANCHESTER, GA 31816	
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: DESMOND MUHAMMAD			04/28/05 904-421-3440		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		