

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000169285

FILED  
Jan 19, 2005  
Secretary of State

Entity Name: T & T EAST COAST LIMOUSINE SERVICE, INC.

**Current Principal Place of Business:**

6804 NORWOOD AVE  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

6804 NORWOOD AVE  
JACKSONVILLE, FL 32208

**New Mailing Address:**

FEI Number: 56-2355875      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

JEFFERSON, CECELIA D ESQ  
6804 NORWOOD AVE  
JACKSONVILLE, FL 32208      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: P ( ) Delete  
Name: TERRY, COLAVITO L  
Address: 11507 KEY BISCAYNE DR  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP ( ) Delete  
Name: TERRY, JACQUELINE L  
Address: 11507 KEY BISCAYNE DR  
City-St-Zip: JACKSONVILLE, FL 32218

Title: S ( ) Delete  
Name: HARTFIELD, SYTERIA C  
Address: 11507 KEY BISCAYNE DR  
City-St-Zip: JACKSONVILLE, FL 32218

Title: T ( ) Delete  
Name: WOODS, EARNIE MAE C  
Address: 1597 W 35TH ST  
City-St-Zip: JACKSONVILLE, FL 32209

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: TERRY, JACQUELINE O  
Address: 11507 KEY BISCAYNE DR  
City-St-Zip: JACKSONVILLE, FL 32218

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: WOODS, EARNIE M  
Address: 1597 W 35TH ST  
City-St-Zip: JACKSONVILLE, FL 32209

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: COLAVITO L. TERRY

P

01/19/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date