

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90135 042 \*\*\*150.00

DOCUMENT # P05000043484

1. Entity Name  
AIRPORT SEDAN & TAXI INC.



Principal Place of Business  
813 7TH AVENUE  
NEW SMYRNA BEACH, FL 32169 US

Mailing Address  
813 7TH AVENUE  
NEW SMYRNA BEACH, FL 32169 US

50006760



2. Principal Place of Business  
813 17th Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
813 17th Avenue  
Suite, Apt. #, etc.

03162006 Chg-P CR2E034 (11/05)

City & State  
New Smyrna Bch, FL  
Zip Country  
32169 US

City & State  
New Smyrna Bch, FL  
Zip Country  
32169 US

4. FEI Number  
20-2570600

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGGINS, CHRISTOPHER G  
813 7TH AVENUE  
NEW SMYRNA BEACH, FL 32169

7. Name and Address of New Registered Agent

Name  
Higgins, Christopher G.

Street Address (P.O. Box Number is Not Acceptable)

813 17th Avenue

City  
New Smyrna Bch

FL

Zip Code  
32169

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PVST  
HIGGINS, CHRISTOPHER G  
813 7TH AVENUE  
NEW SMYRNA BEACH, FL 32169

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PVST  
Higgins, Christopher G.  
813 17th Avenue  
New Smyrna Bch, FL 32169

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Christopher G. Higgins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-06  
Date

386.314-3063  
Daytime Phone #