


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90001 022 ***150.00

DOCUMENT # P05000084936

1. Entity Name
NOVEMBER LIMOUSINE AND SEDAN SERVICE INC.



Principal Place of Business Mailing Address

12001 BELCHER RD.
 B-28-N
 LARGO, FL 33773 US

7001 66TH ST. N.
 PINELLAS PARK, FL 33781 US

2. Principal Place of Business - No P.O. Box #
2949 12th AVE N

3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
ST. PETERSBURG FL

City & State

Zip
33713 Country
Pinellas

Zip Country

07172007 Chg-P CR2E034 (12/06)

4. FEI Number
20-3911342 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CENTRAL ACCOUNTING & TAX SERVICE
 7001 66TH ST. N.
 PINELLAS PARK, FL 33781

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
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOODHEAD, KEVIN E PO BOX 66615 ST. PETE BEACH, FL 33736	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMPSON, ARTHUR F 12001 BELCHER RD. UNIT B-28-N LARGO, FL 33773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMPSON, ARTHUR F. 2949 12 AVE N ST. PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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: *X Arthur F Simpson* _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #