FILED
Apr 26, 2007 08:00 A
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000130528

1. Entity Name
DANA'S LIMOUSINE SERVICE, INC.

Principal Place of Business	Mailing Address
7867 TIMBERLIN PARK BOULEVARD JACKSONVILLE, FL 32256	7867 TIMBERLIN PARK BOULEVARD JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

04232007 No Chg P CR2E034 (11/05)

4. FEI Number
20-3515323
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

F&L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202

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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: If applicant is a corporation, must be signature of officer.) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SNYDER, JAMES W
STREET ADDRESS	7867 TIMBERLIN PARK BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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: _____ 4-28-07 904-744-3333
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #