

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000145964

FILED  
Jul 16, 2007  
Secretary of State

**Entity Name:** LUXURY LIMOUSINES OF THE EMERALD COAST, INC.

**Current Principal Place of Business:**

11812 CABANA CT.  
PANAMA CITY BCH, FL 32407

**New Principal Place of Business:**

539 WAHOO RD.  
PANAMA CITY BCH, FL 32411

**Current Mailing Address:**

11812 CABANA CT.  
PANAMA CITY BCH, FL 32407

**New Mailing Address:**

PO BOX 28124  
PANAMA CITY BCH, FL 32411

**FEI Number:** 20-5958226

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PETERS, ALVIN L  
25 E. 8TH ST.  
PANAMA CITY, FL 32401 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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PACE, ANDY  
Address: P. O. BOX 28124  
City-St-Zip: PANAMA CITY BCH, FL 32411

Title: STD ( ) Delete  
Name: JENKINS, DEBRA L  
Address: P. O. BOX 28124  
City-St-Zip: PANAMA CITY BCH, FL 32411

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DEBRA JENKINS

STD

07/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date