

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000086878

Entity Name: MIKE'S LIMOUSINE, INC.

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

275 110TH AVENUE  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

400 COREY AVE 2ND FLOOR  
ST PETE BEACH, FL 33706

**New Mailing Address:**

275 110TH AVENUE  
TREASURE ISLAND, FL 33706

FEI Number: 26-3384081

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCNAMARA, TERRANCE P ESQ  
400 COREY AVE 2ND FLOOR  
ST PETE BEACH, FL 33706 US

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

MCNAMARA, TERRANCE P ESQ  
1229 CENTRAL AVENUE  
ST. PETERSBURG, FL 33705 US

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: TERRANCE P. MCNAMARA

04/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPVS  
Name: NICHOLSON, MICHAEL M  
Address: 275 110TH AVE  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: T  
Name: NICHOLSON, MICHAEL M  
Address: 275 110TH AVE  
City-St-Zip: TREASURE ISLAND, FL 33706

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL M. NICHOLSON

P

04/21/2011

Electronic Signature of Signing Officer or Director

Date