

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000048482

Entity Name: ABC CAB INC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2131 W BEAVER  
201-B  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

922 8TH AVE S  
JACKSONVILLE BCH, FL 32250

**Current Mailing Address:**

2131 W BEAVER  
201-B  
JACKSONVILLE, FL 32209

**New Mailing Address:**

922 8TH AVE S  
JACKSONVILLE BCH, FL 32250

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

MAHONEY, CARRIE  
922 8TH AVENUE SOUTH  
JACKSONVILLE BEACH, FL 32250 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MAHONEY, CARRIE  
Address: 922 8TH AVENUE SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

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: CARRIE MAHONEY

PRES

04/30/2012

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

\_\_\_\_\_  
Date