

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000073168

1. Entity Name  
ALL FLORIDA CAB, SHUTTLE & LIMO, INC.



Principal Place of Business  
305 KINGSTON AVENUE  
DAYTONA BEACH, FL

Mailing Address  
305 KINGSTON AVENUE  
DAYTONA BEACH, FL



07062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3338633

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KIDD, SUSAN L  
441 S RIDGEWOOD AVE  
DAYTONA BEACH, FL 32114

**DO NOT WRITE  
IN THIS SPACE**

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: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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	P
NAME	SINNIGER, DALE A
STREET ADDRESS	48 BROWN STREET
CITY- ST- ZIP	MIDDLETOWN, PA
TITLE	VP
NAME	SINNIGER, DALE A.
STREET ADDRESS	48 BROWN STREET
CITY- ST- ZIP	MIDDLETOWN, PA
TITLE	ST
NAME	SINNIGER, MICHEAL F
STREET ADDRESS	305 KINGSTON AVE
CITY- ST- ZIP	DAYTONA BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000168358  
07/26/04-80010-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

*Michael F. Sinniger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-04  
Date

386-846-8228  
Daytime Phone #

Michael F. Sinniger, ST.