


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90147 001 ***300.00

DOCUMENT # P95000073168

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



Principal Place of Business Mailing Address
305 KINGSTON AVENUE **305 KINGSTON AVENUE**
DAYTONA BEACH, FL **DAYTONA BEACH, FL**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02092005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

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

4. FEI Number Applied For
59-3338633 Not Applicable

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 -9. Election Campaign Financing: Trust Fund Contribution. **\$5:00 May be Added to Fees**
After May 1, 2005 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SINNIGER, DALE A	
STREET ADDRESS	48 BROWN STREET	
CITY-ST-ZIP	MIDDLETOWN, PA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SINNIGER, DALE A.	
STREET ADDRESS	48 BROWN STREET	
CITY-ST-ZIP	MIDDLETOWN, PA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SINNIGER, MICHEAL F	
STREET ADDRESS	305 KINGSTON AVE	
CITY-ST-ZIP	DAYTONA BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  3-10-05 386 846-8228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #