


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

06-02-2005 90001 030 ***150.00

DOCUMENT # P96000002515 1. Entity Name OVER THE RAINBOW LIMOUSINE SERVICE, INC.					
Principal Place of Business 2020 NE 45TH ST. OCALA, FL 34479			Mailing Address 2020 NE 45TH ST. OCALA, FL 34479		
2. Principal Place of Business 1 Portofino Dr # 908		3. Mailing Address 104 Matlock Creek Rd			
Suite, Apt. #, etc. # 908		Suite, Apt. #, etc.			
City & State Pensacola Beach FL		City & State Franklin NC			
Zip 32561		Country USA		Zip 28734	
Country USA		4. FEI Number 59-3628243			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYMAN, BARBARA J 2020 NE 45TH ST. OCALA, FL 34479			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1 Portofino Dr. # 908 City Pensacola Beach FL Zip Code 32561		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HAYMAN, BARBARA J 2020 NE 45TH ST. OCALA, FL 34479		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 Portofino Dr. # 908 Pensacola Beach, FL 32561	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Barbara Hayman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5/3/05 352 572-5277 Date Daytime Phone #		

50053171



05242005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3628243

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYMAN, BARBARA J
2020 NE 45TH ST.
OCALA, FL 34479

Name

Street Address (P.O. Box Number is Not Acceptable)

1 Portofino Dr. # 908

City Pensacola Beach

FL

Zip Code 32561

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 7, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP
**DPS
HAYMAN, BARBARA J
2020 NE 45TH ST.
OCALA, FL 34479**

☐ Delete

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CITY-ST-ZIP
**1 Portofino Dr. # 908
Pensacola Beach, FL 32561**

☒ Change ☐ Addition

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SIGNATURE: *Barbara Hayman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/05 352 572-5277
Date Daytime Phone #