

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000054339

FILED
Jul 27, 2008
Secretary of State

Entity Name: PINE ISLAND TAXI AND LIMO, INC.

Current Principal Place of Business:

2922 YORK ROAD
ST JAMES CITY, FL 33956

New Principal Place of Business:

Current Mailing Address:

PO BOX 674
ST JAMES CITY, FL 33956 US

New Mailing Address:

FEI Number: 65-0681042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSHALL, CAROL
2922 YORK ROAD
ST JAMES CITY, FL 33956 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: MARSHALL, CAROL
Address: 2922 YORK RD.
City-St-Zip: ST. JAMES CITY, FL 33956

Title: VPT () Delete
Name: MARSHALL, CAROL
Address: 2922 YORK RD.
City-St-Zip: ST. JAMES CITY, FL 33956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAROL MARSHALL

PVST

07/27/2008

Electronic Signature of Signing Officer or Director

_____ Date