2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 10, 2004 08:00 AM Secretary of State DOCUMENT # P96000067762 1. Entity Name SKYY LIMOUSINE, INC. Principal Place of Business Mailing Address 7031 GRAND NATIONAL DRIVE 7031 GRAND NATIONAL DRIVE STE. 106-A ORLANDO FL 32819 STE. 106-A ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3429794 Not Applicable Zερ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAMES, DAVID A Street Address (P.O. Box Number is Not Acceptable) 7031 GRAND NATIONAL DRIVE STE. 106-A ORLANDO FL 32819 City Zip Code 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 types or printed name of registered agont and little if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD TITLE Delete TITLE Change Addition NAME JAMES, DAVID A NAME U00000044897 6643 HIDDEN BEACH CIRCLE STREET ADDRESS STREET ADDRESS 02/11/04-80039-016 150.00 CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP VTD TITLE ☐ Defete TITLE ☐ Change Addition JAMES, DAVID A NAME NAME STREET ADDRESS 6643 HIDDEN BEACH CIRCLE STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP CITY ST-ZIP TITLE Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-SE-782 TIPLE ☐ Delete TIRLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE EITLE ☐ Delete ☐ Chance ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 cath; that I am an officer or director of the corporation or the receiver or fusite emplowered 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 emplowered.

ANDY, D. JAMES

**FILED**