

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000075793

FILED
Jul 26, 2007
Secretary of State

Entity Name: JACKSONVILLE LIMOUSINE SERVICES, INC.

Current Principal Place of Business:

5320 SPRINGFIELD BLVD.
JACKSONVILLE, FL 32248 US

New Principal Place of Business:

Current Mailing Address:

5320 SPRINGFIELD BLVD.
JACKSONVILLE, FL 32248 US

New Mailing Address:

FEI Number: 59-3465229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYDEN, MARK
5320 SPRINGFIELD BLVD.
JACKSONVILLE, FL 32208 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEATHE, CULLAN F D
Address: 24957 BREST RD.
City-St-Zip: TAYLOR, MI 48180 US

Title: P,T (X) Delete
Name: RET, DANIEL P
Address: 24957 BREST RD.
City-St-Zip: TAYLOR, MI 48180 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: MEATHE, CULLAN F
Address: 2519 AQUA VISTA BLVD
City-St-Zip: FT LAUDERDALE, FL 33301

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: CULLAN F. MEATHE

P

07/26/2007

Electronic Signature of Signing Officer or Director

Date