

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90502 027 ***158.75

DOCUMENT # P98000011163

1. Entity Name

NATIVE LIMOUSINE SERVICE, INC.



Principal Place of Business

865 PECAN CIRCLE
BAREFOOT BAY FL 32976

Mailing Address

865 PECAN CIRCLE
BAREFOOT BAY FL 32976

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

865 Pecan Circle

Suite, Apt. #, etc.

865 Pecan Circle

City & State

Barefoot Bay

City & State

Barefoot Bay

Zip

32976

Country USA

Brevard

Zip

32976

Country USA

Brevard

4. FEI Number

59-3491971

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YASIN, M. PATRICIA
806 NORTH EAST PECAN CIRCLE
BAREFOOT BAY FL 32976

7. Name and Address of New Registered Agent

Name

YASIN M. Patricia

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

865 Pecan Circle

City

Barefoot Bay

FL

Zip Code

32976

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

M. Patricia Yasin President M. PATRICIA YASIN

4/23/04

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME YASIN, M. PATRICIA ☐ Delete
STREET ADDRESS 806 NORTH EAST PECAN CIRCLE
CITY-ST-ZIP BAREFOOT BAY FL 32976

TITLE YASIN, M. PATRICIA ☐ Delete
NAME YASIN, M. PATRICIA
STREET ADDRESS 865 Pecan Circle
CITY-ST-ZIP Barefoot Bay 32976

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

M. Patricia Yasin President

4/23/04

772-664-5177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #