

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90025 039 \*\*\*150.00

**DOCUMENT # P98000029755**

1. Entity Name

COMFORT CAB, INC.



Principal Place of Business

432 LENA ST.  
ST. AUGUSTINE FL 32092

Mailing Address

432 LENA ST.  
ST. AUGUSTINE FL 32092

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3499449

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

CHILDRES, JOHN R  
2011 RYAN RD  
SAINT AUGUSTINE FL 32092

Name

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

City

FL

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, 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, 2005 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 ☐ Delete  
NAME CHILDRES, JOHN R  
STREET ADDRESS 449 GERONA RD  
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE V ☐ Delete  
NAME LEBLANC, WINNIS JR  
STREET ADDRESS 298 YARBOROUGH CIRCLE  
CITY-ST-ZIP SAINT AUGUSTINE FL 32095

TITLE T ☐ Delete  
NAME ROSS, GREGORY  
STREET ADDRESS 581 REMMINGTON FOREST DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE S ☐ Delete  
NAME ROSS, GREGORY  
STREET ADDRESS 581 REMMINGTON FOREST DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE S ☐ Delete  
NAME ROSS, GREGORY  
STREET ADDRESS 581 REMMINGTON FOREST DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 449 Gerona Rd St. Augustine FL  
CITY-ST-ZIP 32086

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

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

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

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

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:

*John R. Childres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Childres

Date

Daytime Phone #

4-4-05

904 824 8210